

University of Alberta

The experiences of overcoming self-blame among
female adult survivors of childhood sexual abuse

by

Tatiana LoVerso



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August 27, 2008

Dedication

This thesis is dedicated to my colleagues, clients, and friends at the University of Alberta Sexual Assault Centre. This research was inspired by my clients who showed endless resilience, growth, and hope within the devastation and aftermath of sexual abuse, as well as by my colleagues and friends who tirelessly work to support survivors and end sexual violence. It was within this learning environment that I began to understand the complexity of healing after a trauma and to see first hand the strength of the human spirit. I am grateful to each of you for your roles in my development as a therapist and researcher.



Abstract

The purpose of this study was to explore experiences that facilitated the process of overcoming self-blame among female adult survivors of childhood sexual abuse. A qualitative research methodology, basic interpretive qualitative inquiry (Merriam, 1998, 2002), was used to inform the implementation of the study, from participant selection to data analysis. Four female adult survivors of childhood sexual abuse were interviewed, and from the analysis of their interviews, five themes encompassing their experiences that helped them overcome their self-blame emerged. These themes were: (1) Gaining Self-Worth and Validation as a Worthwhile Human Being, (2) Experiencing Support Without Blame, (3) Recognizing the Perpetrator's Responsibility, (4) Understanding a Child's Perspective, and (5) Reconnecting to the Feelings and Needs of the Sexually Abused Child Within. The clinical implications of the results were discussed, as well as directions for future research.

Acknowledgements

I would like to express my profound gratitude to the women who generously shared their stories with me and participated in this research as part of their own efforts to end the silence around sexual abuse. They are each models of resilience and strength, and I am so honoured that they chose to share their experiences with me.

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CHAPTER ONE

INTRODUCTION

Background

Sexual violence against children is a hidden yet pervasive problem that has been reported to be experienced by 20% of women and 5% to 10% of men worldwide (World Health Organization; 2002). In Canada, we share this global problem; a large national survey commissioned by the federal government found that 17.6% of females and 8.2% of males experienced sexual abuse before the age of seventeen (Bagley, 1991). While the children who are abused are clearly the innocent victims in these violent acts, most survivors of child sexual abuse blame themselves to some degree for their experiences of abuse (Peters & Range, 1996; Whiffen & MacIntosh, 2005). For female adult survivors, such self-blame has been shown to be a risk factor for several serious consequences, including (a) self-destructive behaviours (Peters & Range), (b) delinquent behaviours (Wright, Friedrich, Cing-Mars, Cyr, & McDuff, 2004), (c) revictimization (Arata, 2000), (d) depression (Oddone Paolucci, Genuis, & Violato, 2001), and (e) Posttraumatic Stress Disorder (Owens & Chard, 2001).

Researcher Interest

My interest in self-blame after childhood sexual abuse was born out of my six years of work experience at the University of Alberta Sexual Assault Centre, where I provided short-term counselling and advocacy to over 150 survivors of sexual abuse and sexual assault. In providing support to survivors of sexual abuse, I found that nearly every client that I worked with struggled with self-blame for their sexual abuse. I faced the task, usually unsuccessfully, of helping them alleviate some of their self-blame. It was

daunting to face these detrimental beliefs that appeared to be impenetrable and fixed. Although I could see the detrimental influence self-blaming beliefs had on survivors, I was unsuccessful in helping them abandon these beliefs.

When given the opportunity during my master's degree to pursue my own research, I knew that I wanted to examine self-blame further, and potentially come to understand how I might be able to help those who suffer from it. I decided that by learning from those who had overcome their self-blame, I may be able to see a clearer picture of the process of overcoming self-blame. It is my hope that this research will both inform both my therapeutic practice, as well as the practice of others, in the support of survivors of sexual abuse.

Statement of Purpose

The detrimental impact of self-blame has been shown to dissipate when self-blaming attributions are diminished (Feiring, Taska, & Lewis, 2002). Long before it was determined in the research literature that overcoming self-blame is an important aspect of the healing process for adult survivors of childhood sexual abuse, studies and observations from clinical work with adult survivors consistently emphasized the importance of addressing the issue of self-blame in counselling (Briere, 1989; Martsof & Draucker, 2005; Talbot, 1996). Researchers examining the effects of survivors' self-blame have echoed this by recommending that future research focus on the successful treatment of these destructive self-perceptions (e.g. Owens & Chard, 2001). Although there is research on the changes in women's attributions for their childhood sexual abuse over time (e.g. McMillen & Zuravin, 1998), as well as the potential benefits of therapy for adult survivors (e.g. Lev-Wiesel, 2000), there is little research specifically on the

processes and experiences that lead to diminished self-blame. It has been noted that there is a need to learn more about the activities and processes that some individuals did or did not engage in that led them to overcome sexual victimization successfully (Feinauer & Stuart, 1996).

The purpose of the present study was to explore the experiences and processes that facilitated the recovery from self-blame among female adult survivors of childhood sexual abuse. A qualitative research methodology was used in order to enrich our understanding of self-blame in adult survivors and the process of overcoming it. The aim of this exploration was to further illuminate an understanding of the process of overcoming self-blame, as well as to provide insights into best practices for facilitating and encouraging this in the therapeutic context. Further understanding of overcoming self-blame was thought to be a potential source of new knowledge on how to intervene at the level of self-blame, and ultimately diminish the detrimental long-term effects of childhood sexual abuse. Considering the widespread negative impact of self-blame, it is important that research begin to focus on prevention of and recovery from experiencing self-blame.

Overview of the Thesis

In Chapter Two, the current literature relevant to self-blame for childhood sexual abuse is examined. The chapter begins with an overview of the research on childhood sexual abuse, including its definition, prevalence, and long-term effects. This is followed by a discussion of self-blame and its effects. Theories that pertain to self-blame are also discussed. While overcoming self-blame has not been explicitly examined in the

literature, the related literature on healing and resiliency after abuse and trauma are considered as they pertain to overcoming self-blame.

The methodology chapter follows, and it begins with an explanation of the qualitative research paradigm and the methodological framework. The data collection process is reviewed, and the sample, data generation, and data analysis are described. This chapter concludes with an evaluation of the study and a discussion of the ethical considerations that were made throughout.

In Chapter Four the findings from the study are presented. An introduction to each participant and her story of abuse provides the background before the themes are presented. The themes which emerged from the data analysis are each discussed, and quotations from the interviews are used to support and illustrate the themes. While the commonalities in the participants' experiences are encompassed within the themes, the individual experiences and insights of the participants are described to maintain the richness that each participant's perspective contributes.

In the final chapter, the themes that emerged are discussed in relation to the current research literature. In addition, the implications of the findings on counselling with survivors of sexual abuse and recommendations for future research are outlined. Overall, this study provides an initial examination of facilitative experiences within the process of overcoming self-blame, and it contributes to the foundational understanding of this complex process.

CHAPTER TWO

LITERATURE REVIEW

The following literature review explores the relevant research and theory regarding childhood sexual abuse and survivors' self-blame for the abuse. More specifically, this review examines the literature on the prevalence and long-term effects of childhood sexual abuse, the nature and effects of self-blame among survivors of childhood sexual abuse, and theories on self-blame, as well as on overcoming both self-blame and childhood sexual abuse.

Childhood Sexual Abuse

Over the last 30 years, research on childhood sexual abuse has progressed from primarily documenting its occurrence, prevalence, and effects, to examining specific mediating and moderating factors that contribute to these effects (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001). Hence, the research literature documenting the prevalence and effects of childhood sexual abuse was primarily conducted in the 1980s and 1990s, and the subsequent research has built upon and expanded these initial studies. Where possible the most recent research is examined and noted within the following literature review; however, it should be noted that some of the seminal articles and studies examined were conducted over 10 years ago.

In addition, much of the research on childhood sexual abuse has been conducted with female participants, unless sexual abuse of males is being studied specifically. The focus on female survivors has neglected the perspective of male survivors of sexual abuse within much of the research literature (Ray, 2001); yet, a body of research has developed specifically studying male survivors (e.g., Grossman, Sorsoli, & Kia-Keating, 2006;

Ray). Due to the fact that this study examines the experiences of female survivors of childhood sexual abuse, research on female survivors is examined exclusively, and studies that included both male and female participants are noted.

Defining Childhood Sexual Abuse

Definitions of childhood sexual abuse in the research literature vary significantly, likely influencing both the prevalence rates and the relationships between childhood sexual abuse and adult symptomatology reported in research studies (Briere, 1992). The definitions used within the research appear to be loosely based on legal parameters. Overall, definitions of childhood sexual abuse require two elements: (1) sexual activities or exposure to sexual activities involving a child and (2) an abusive condition (Finkelhor, 1994). In Canada, the legal age of consent was 14 (Criminal Code, 1985) until July 2008, when it was changed to 16; thus, in most Canadian studies a child is considered to be any person under the age of 14. Similarly, the age limits used to define a child in research studies conducted in the United States follow State Laws, which differ, and thus typically these studies use the ages of 16 (e.g., Elliot & Briere, 1992) or 18 (e.g., Vogeltanz et al., 1999).

Finkelhor's (1994) description of what constitutes abusive conditions also fits with the legal definitions used in Canada (Criminal Code, 1985). He maintained that abusive conditions exist when the perpetrator of the abuse (1) has a large age or maturational advantage over the child, (2) is in a position of authority or caretaking with the child, or (3) uses force or coercion against the child. With regards to the sexual activity involved in the abuse, research studies also vary in the activities that potentially constitute abuse; most research uses more stringent limits, including only penetration or

molestation (e.g., Casey & Nurius, 2006), and others have included broader definitions that also include exposure (e.g., Bagley, 1991).

Prevalence of Childhood Sexual Abuse

The estimated prevalence rates of childhood sexual abuse in North America vary significantly; estimates range from 2% to 62% among females and 3% to 16% among males (Finkelhor, 1994; Molnar, Buka, Kessler, 2001; Vogeltanz et al., 1999). The differences in these prevalence rates can in part be accounted for by varying definitions of sexual abuse and the different methodologies used in the studies (Finkelhor), as well as the different populations studied, such as clinical and non-clinical populations. In addition, methodological challenges arise in the study of childhood sexual abuse, as finding accurate prevalence rates depends on participants' memory of the abuse and willingness to share very personal information.

In an American national probability sample of 1,099 women, the prevalence of childhood sexual abuse ranged from 15.4% to 32.1%, depending on the criteria used to define childhood sexual abuse (Vogeltanz et al., 1999). Overall, reviewers note that there is considerable evidence to conclude that at least 20% of American women and 5% to 10% of American men experienced sexual abuse in childhood (Finkelhor, 1994), and similar rates have been reported in Canadian studies (e.g., Bagley, 1991). A recent American study (Casey & Nurius, 2006) found that current rates of childhood sexual abuse are consistent with the rates found in research over the last 20 years.

Long-Term Effects of Childhood Sexual Abuse

The detrimental effects of childhood sexual abuse on adult psychological functioning have been well documented (e.g., Neumann, Houskamp, Pollock & Briere,

1996). When compared to adults who did not experience sexual abuse as children, adult survivors of childhood sexual abuse have been shown to have a higher risk for serious and long-lasting psychological distress (Bagley & Ramsay, 1986; Briere & Runtz, 1988; Mullen, Martin, Anderson, Romans, & Herbison, 1993). These negative effects have been demonstrated across different populations, such as female college students (e.g., Fromuth, 1986), male college students (e.g., Fromuth & Burkhart, 1989), professional women (e.g., Elliot & Briere, 1992), and clinical populations (e.g., Peters & Range, 1996). Large meta-analyses (Jumper, 1995; Neumann et al., 1996; Oddone Paolucci et al., 2001) have also demonstrated a significant relationship between childhood sexual abuse and adult psychological distress, specifying that some of the common symptoms of psychological distress in adulthood include anxiety, depression, self-mutilation, suicidality, impairment of self-concept, and post-traumatic stress responses.

The meta-analysis conducted by Neumann et al. (1996) included 38 studies that met rigorous criteria, such as the exclusion of studies that failed to match childhood sexual abuse participants and those participants who had not experienced abuse on relevant subject selection variables. In the examination of individual symptoms, the symptoms listed above were all found to be significantly correlated with childhood sexual abuse, as well as the additional symptoms of anger, revictimization, sexual problems, substance abuse, interpersonal problems, obsessions and compulsions, dissociation, and somatization.

Although there are many studies (e.g., Hoagwood, 1990) as well as meta-analytic reviews (e.g., Jumper, 1995) that demonstrate the relationship between childhood sexual abuse and psychological distress or impairment in adulthood, there is also research

demonstrating that this relationship is minimal. Rind, Tromovitch, and Bauserman's (1998) large meta-analysis found only a very small association between childhood sexual abuse and increased adult psychological distress, and concluded that the potential negative effects of childhood sexual abuse have been overstated in other research. It is important to note that the only populations included in this meta-analysis were college student populations and that college student samples could be considered to be likely to have more effective coping strategies than other populations (Jumper). As well, it is likely that those college students who have been sexually abused are currently experiencing minimal amounts of distress in order to be capable of continuing intensive studies.

Rind et al. (1998) noted that they were reporting overall effects, and individual cases of intense adult psychological distress after childhood sexual abuse were certainly present. This is consistent with other research that has shown that adult psychological distress is not present in all survivors; many survivors of childhood sexual abuse appear to be without negative symptomology (Liem, James, O'Toole, & Boudewyne, 1997; Valentine & Feinauer, 1993). There is evidence that 20% to 40% of adult survivors of childhood sexual abuse do not exhibit the psychological disturbances typically shown to be related to abuse (Finkelhor, 1990). The varying experiences of adult survivors of childhood sexual abuse indicate that other variables affect the relationship between childhood sexual abuse and the development of later symptoms.

Mediating Factors Influencing the Effects of Childhood Sexual Abuse

The first generation of research on childhood sexual abuse, as discussed above, demonstrated that its effects often persist well into adulthood in the form of ongoing

psychological distress (e.g., Jumper, 1995; Neumann et al., 1996). Yet this research has noted that the common negative psychological symptoms documented in adult survivors of child sexual abuse are not experienced by all survivors (e.g., Rind et al., 1998). Motivated by these differential results, a second generation of research demonstrated that the relationship between child sexual abuse and adult functioning is not a direct causal relationship; it is mediated by other factors (Feiring, Taska, & Chen, 2002). An understanding of the potential existence of mediating variables influencing the relationship between childhood sexual abuse and adult psychological distress has led to research attempting to isolate those mediators (e.g., Daignault, Tourigny, & Hébert, 2006).

Indications from clinical and empirical work suggested that attributions of blame for childhood sexual abuse may be influential in determining adult functioning. More specifically, several studies found that survivors who had more self-blame for their sexual abuse also had higher levels of symptomatology (e.g., Feinauer & Stuart, 1996; McMillen & Zurvin, 1997; Peters & Range, 1996). Williams (1993) suggested that people with similar abuse experiences may have different psychological symptoms in adulthood because of the differing ways that they perceive, appraise, and process these experiences. This was supported by a meta-analysis (Weaver & Clum, 1995), which examined the relationship between interpersonal violence and psychological distress, using 50 empirical studies; this meta-analysis found that the survivor's appraisal and self-blame contributed twice as much to the magnitude of later psychological distress as objective factors regarding the abuse, such as force used or physical injury.

Several individual research studies have found that a survivor's sense of self-blame mediates the relationship between childhood sexual abuse and adult psychological distress (e.g., Coffey, Leithenberg, Henning, Turner, & Bennet, 1996; Dagnault et al., 2006). Recently, Whiffen and MacIntosh (2005) completed a review evaluating the mediators of the relationship between childhood sexual abuse and adult psychological distress; the focus was on determining which mediators are causal risk factors. They concluded that self-blame, interpersonal difficulties, and negative forms of coping may all be causal risk factors, but there is the most evidence for self-blame for the abuse as having the dominant causal role in the development of adult psychological distress.

Self-Blame After Childhood Sexual Abuse

Nature of Self-Blame

Jehu (1989) studied the self-blaming attributions of women who had sought treatment to cope with the after-effects of their childhood sexual abuse. He found that most of the survivors believed that they were in some way responsible for their abuse; the survivors in this study appeared to use their beliefs about their responsibility to explain why their abuse happened. For example, 62% of participants endorsed that "I must have been seductive and provocative when I was young," as partly, mostly, or absolutely true. Similarly, many of the participants felt that they were somehow responsible for their abuse continuing; 86% of the participants endorsed the statement "I must have been responsible for the sex when I was young because it went on for so long." In addition, the great majority of the survivors in this study also held beliefs regarding their participation and therefore complicity in the abuse, as 84% endorsed "I must have permitted sex to happen because I wasn't forced into it."

Jehu (1989) also found that the survivors in this study reported experiences that are commonly linked to self-blaming attributions. For instance, 58% of the participants reported experiencing physical pleasure when they were being sexually abused. Moreover, 86% endorsed the statement "it must be unnatural to feel any pleasure during molestation," suggesting that many of the survivors who did experience pleasurable physical sensations during the abuse deem this to be unnatural, and likely blameworthy. There were other experiences that the survivors may have deemed as blameworthy. For example, 64% of the participants reported that they sometimes used the abusive sexual encounters as a way to gain affection or attention, and 41% reported that they used their abuse to gain material favours and rewards. The majority of the participants also endorsed some self-denigratory beliefs: 78% endorsed the statement "I am worthless and bad," and 90% endorsed "I am inferior to other people because I did not have normal experiences."

Celano (1992) extended these findings by providing an in depth description of self-blame after childhood sexual abuse and demonstrating the different ways that self-blame may manifest. She explained that the type of internal attributions that survivors make regarding sexual abuse are dependent on several factors, including the developmental level of the child at the time of the abuse, the nature of the abuse, the parents' reaction to disclosure of the abuse, as well as the response from community agencies. Celano described eight types of internal attributions of self-blame specifically, and how they develop based on the developmental stage of the survivor. They include feeling responsible for: failing to recognize abuse, participation in the abuse, family

reaction to disclosure, failing to seek help, failing to avoid or control the abuse, pleasure gained during the abuse, failing to protect siblings, and failing to protect oneself.

It should also be noted that while self-blame is very common after sexual abuse, blaming survivors for the abuse by perpetrators, non-abusing family members, and society at large is also unfortunately common (Celano, 1992; Janoff-Bulman, 1992). Janoff-Bulman explained that blaming victims allows others to maintain their perception of a just world as well as their own illusion of invulnerability, and it allows them to minimize their own sense of responsibility for helping the victim. However, she noted that victim-blaming has been found to be particularly pervasive regarding female victims of sexual violence, more so than regarding other crimes or victimizations, and she hypothesizes that this is due to the prevalent and virtually universal "myth of woman as seductress" (p. 152). She pointed out that even children are blamed for being seductive. Survivors of sexual abuse are exposed to the same myths and ideas about sexual abuse as the rest of society, and therefore both the direct victim-blaming as well as the more subtle cultural beliefs are likely to contribute deeply to the self-blame experienced by survivors.

Self-blame, Shame, and Guilt

The terms self-blame, shame, and guilt are commonly used interchangeably; however, they are distinct. As Tangney and Dearing (2004) explain, "when we blame ourselves, we're most apt to feel shame and guilt. Shame and guilt are the emotions of self-blame" (p. 53). Shame is a self-conscious emotional experience involving feelings of being defective, self-condemnation, and the desire to hide one's damaged self from others (Lewis, 1992). Guilt is also a self-conscious emotion; however, it focuses on particular actions one committed, whereas shame is directed at one's entire being (Feiring & Taska,

2005). It has been noted that the more global and devastating emotion of shame, rather than guilt, is more commonly experienced after sexual abuse (Feiring, Taska, & Lewis, 1996).

The well documented and common reaction to childhood sexual abuse includes both a cognitive component of self-blame and an emotional component of shame (Feiring, Rosenthal, & Taska, 2000), and it has been hypothesized that this combination potentially leads to the many negative symptoms and consequences of childhood sexual abuse (Feiring et al., 1996). Because self-blame and shame are commonly experienced together, their separate effects have not been isolated. While several research studies have examined the effects of either self-blame or shame (e.g. Peters & Range, 1996; Feiring & Taska, 2005), measuring only one does not exclude the presence of the other. Hence, the examination of self-blame within the research literature is often likely also an examination of its emotional counterpart, shame.

Contributing Factors to Self-Blame

Research on the potential factors that lead to self-blame has been conducted in order to come to a more thorough understanding of self-blame. Findings specifically on the nature of the relationships between abuse-specific factors and their contribution to the development of self-blame have been inconsistent. Varying results have been found on the particular influence of the nature of the relationship between the survivor and the perpetrator and the severity of the abuse (e.g., Beitchman et al., 1992; Quas, Goodman, & Jones, 2003). These differences in results are potentially due to methodological differences between the studies, such as the sampling of different populations (clinical and non-clinical), the use of different sampling techniques (self-selection, convenience

samples, or randomized sampling), and the discrepancy in their sample sizes (some studies report small sample sizes, and therefore low power).

In addition, even studies that appear to be examining the same construct sometimes operationalize and measure the construct very differently. For example, the construct of abuse severity is typically composed of a combination of some of the following variables: the frequency of the abuse, the duration of the abuse, the relationship to the perpetrator, the type of sexual activity, and the presence or absence of physical force (e.g., Merrill, Thomsen, Sinclair, Gold, & Milner, 2001). The use of constructs that consist of a composite of variables that vary across studies makes comparisons between the results from these studies difficult. When examining very specific variables and their relationship to the development of self-blame, a more clear relationship can be found. For example, several studies, including one by Hunter, Goodwin, and Wilson (1992), have found that survivors attributed more blame to the perpetrator of the abuse when greater levels of force were used.

Hazzard and her colleagues (1995) examined child-specific and family-specific factors that might predict child self-blame after sexual abuse. They found that child age, general attributional style, and caretaker blame of the child were each related to child self-blame. More specifically, younger children blamed themselves more than older children did, fitting with developmental theory, which notes that younger children think more egocentrically. Children with generalized negative attributional styles also blamed themselves more, as did children whose non-offending caretakers blamed them for the abuse.

In a similar study, Quas et al. (2003) studied over 200 survivors of sexual abuse, who ranged in age from 4 to 17, in order to identify predictors of self-blame attributions in the children. They also found that younger age of survivors at the time of the abuse was associated with more self-blame, as was having a close relationship to the perpetrator and suffering long-lasting abuse. The survivors' coping with the abuse was also found to be related to their experience of self-blame; those survivors who coped with the abuse by pretending that it was not happening and those who perceived it as disgusting were found to experience more self-blame for the abuse. Overall, these findings support models of symptomatology development after childhood sexual abuse that include the roles of the sexual abuse, the environment, and child-specific factors, such as age and cognitive appraisals, in the development of symptoms later in life (e.g., Spaccarelli, 1994).

Effects of Self-Blame

Although self-blame has been posited to have adaptive and functional purposes in some circumstances, self-blame for childhood sexual abuse has been repeatedly demonstrated to be connected with serious and negative symptomatology in adult survivors (e.g., Barker-Collo, Melnyk, & McDonald-Miszczak, 2000; Coffey et al., 1996; Weaver & Clum, 1995). Survivors' self-blame for their abuse has been shown to be related to greater adult psychological distress (Feinauer & Stuart, 1996; Wyatt & Newcomb, 1990). Specifically, several studies have noted the correlation between self-blame for childhood sexual abuse and depression (e.g., Feiring, Taska, & Chen, 2002; Oddone Paolucci et al., 2001; Wyatt & Newcomb). In both a clinical and a student sample, Peters and Range (1996) found that survivors who felt more self-blame for their sexual abuse also reported higher rates of depression, self-mutilation, and suicidal

ideation than survivors who felt less self-blame for their abuse. Higher degrees of self-blame have been found to be significantly related not only to suicidal ideations, but also to suicide attempts (Barker-Collo, 2001).

Self-blame for childhood sexual abuse has also been shown to be a risk factor for post-traumatic stress disorder (PTSD) (Owens & Chard, 2001) and specific symptoms of PTSD, including nightmares and flashbacks (Barker-Collo et al., 2000). Owens and Chard found that greater amounts of self-blame and cognitive distortions were related to increased PTSD symptoms and increased severity of these symptoms. This has been supported by other research which also demonstrated that higher levels of internal attributions for sexual abuse are related to greater and more severe symptoms of both depression and PTSD (Feiring, Taska, & Chen, 2002; Steel, Sanna, Hammond, Whipple, & Cross, 2004). In addition, both self-blame and PTSD have been shown to be predictive factors for revictimization of adult survivors (Arata, 2000). Arata found that those women who experienced either high degrees of self-blame or PTSD were more likely to experience sexual abuse revictimization as adults.

In conclusion, the research explicitly demonstrates that self-blame experienced by female adult survivors of childhood sexual abuse is a risk factor for several serious consequences, including depression, PTSD, and revictimization. Hence, self-blame is a risk factor for the commonly cited negative symptoms of childhood sexual abuse. This indicates that these symptoms may be prevented or treated by addressing survivors' sense of self-blame, and congruently, research has demonstrated that the detrimental impact of self-blame dissipates when self-blaming attributions are diminished (Feiring, Taska, & Lewis, 2002).

Theories on Self-Blame After Trauma

Attribution Theory

Attribution theory examines how people understand and attribute causes for life events and experiences (Resick, 2001), and it posits that the consequences or symptoms that are present after a particular experience are determined by the way the experience is explained, by the causal attributions that are made (Lazarus & Folkman, 1984). Weiner (1985) indicated that after an event, particularly an unexpected or unwanted event, individuals naturally look to explain why the event occurred, as part of a desire to master our environments and plan our future behaviours. He outlined that during the explanation formation process three dimensions are considered: locus of causality, stability, and controllability. The locus of causality is the determination of whether the cause of the event is thought to be internal (within the individual) or external (due to another person or factor). The stability dimension considers whether the cause is constant and stable or variable. Finally, the controllability dimension determines how much personal control could, or could not, have been exerted to affect the outcome.

Weiner (1985) continued to explain that the attributions that are made regarding an event lead to particular affective consequences. Whether an event is determined to be a success or a failure on the individual's part, that individual, as noted above, will consider the locus of causality, and these attributions are connected to specific emotions. For example, if a failure situation is deemed to be due to internal causes, this would lead to lower self-esteem; if a success situation is deemed to be due to internal causes, it will lead to greater self-esteem and pride. Similarly, Weiner argued that within the controllability

dimension, a failure situation that is attributed to controllable causes leads to a sense of guilt, and one that is attributed to uncontrollable causes leads to a sense of shame.

In Abramson, Seligman, and Teasdale's (1978) revised learned helplessness theory, they also noted the attributional dimensions of internal-external, and stable-unstable, as well as the additional dimension of global-specific. The global-specific dimension refers to attributions regarding factors that are considered to be typical or global to a person, or those that are specific only to the particular situation. In this theory, the authors proposed that attributing negative events to internal, stable, and global factors is related to the development of depression, and that it is also self-deprecatory to attribute positive events to external, unstable, and specific causes.

Abramson et al.'s (1978) hypothesis has been applied to several populations, including survivors of sexual abuse (e.g. Kelley, 1986; Wenninger & Ehlers, 1998). Wenninger and Ehlers compared the attributional styles of adult survivors of childhood sexual abuse with a comparison sample of women who have not experienced sexual abuse, and they found that the group who had experienced sexual abuse used more internal, stable, and global attributions for negative everyday life events than those in the comparison group did. They also found that, in accordance with Abramson et al.'s theory, those with negative attributional styles had far more symptoms of depression.

The relationship between negative attributions and depression has also been demonstrated in children. Feiring, Taska, and Lewis (1998) studied attributions and psychological symptoms among children who had experienced sexual abuse; they found that eight weeks after the discovery of the abuse, self-blaming attributions were

correlated with depression and lower self-esteem. This significant correlation was also maintained when age, gender, and abuse characteristics were controlled for.

As demonstrated in the above-mentioned research, it is generally understood that making internal attributions regarding sexual abuse is more damaging than making external attributions (Celano, 1992; Wenninger & Ehlers, 1998). It has also been found that the longer sexual abuse persists, the more likely internal attributions for the abuse are; if sexual abuse occurs over a period of time, the abuse is more likely to be attributed to internal, stable, and global factors (Steel et al., 2004)

Janoff-Bulman's Theory of Self-Blame. One of the first theorists to consider the role of attributions after sexual abuse and sexual assault was Janoff-Bulman (1979), who proposed that self-blame is not a unitary cognitive appraisal. She described two types of self-blame: behavioural self-blame (blaming one's past behaviours or behavioural omissions for the trauma) and characterological self-blame (blaming one's character or particular traits for the trauma). She maintained that behavioural self-blame is less stable and global, and it involves attributions regarding something that is modifiable in the future (behaviour). Therefore, Janoff-Bulman argued that characterological self-blame is maladaptive and will lead to future distress; by contrast, behavioural self-blame is adaptive, will minimize survivors' sense of vulnerability and maximize their sense of control, and therefore will not lead to future distress.

This theory has been examined extensively in the research literature on survivors of childhood sexual abuse and adult sexual assault. While overall the research has shown that survivors do experience both characterological and behavioural self-blame, both types of self-blame are associated with psychological distress (Arata, 1999; Frazier, 2003;

Frazier, Berman, & Steward, 2002). It has been suggested that because sexual abuse is often a repeated experience with a gradual onset, it does not have the same characteristics of a one-time trauma (Conte, 1985); yet even the research on adult experiences of one-time sexual assaults has not supported Janoff-Bulman's theory (e.g., Arata).

Self-Blame Theories

Several theories have been proposed to explain the seemingly maladaptive tendency of survivors of abuse to blame themselves. The focus has been to examine the potential adaptive purpose for this self-blame, given how pervasive this tendency is. Frankl (1959) noted that experiences of suffering lead us to search for meaning; victims feel the need to make sense of their situations and experiences, and this search for meaning can easily lead to a sense of self-blame within situations that are incomprehensible and illogical. It was proposed by Wortman (1976) that survivors of abuse and other forms of victimization blame themselves in order to maintain their belief that they have control over their lives. In order to be able to maintain a sense of control over the present and future, one must accept responsibility for the past. It is hypothesized that it is more threatening to relinquish a sense of control over one's life than to accept blame for victimization.

Lerner (1980) hypothesized that survivors blame themselves for their victimizations in order to maintain their belief in a just world where bad things do not happen by chance. In believing that the world is just, it is essential to accept blame for victimization: a survivor assumes she got what she deserved instead of believing that life is unjust. McMillen and Zurvin (1997) explained that maintaining a belief in a just world is especially important for children who are abused by a parent or guardian. They argued

that it is likely less distressing to believe that one is to blame for abuse than to believe that one's survival is dependent on someone who behaves in an unjust way.

Similar to the explanations of self-blame proposed by Frankl (1959), Wortman (1976), and Lerner (1980), Janoff-Bulman (1992) proposed that we each maintain three fundamental assumptions: the world is benevolent, the world is meaningful, and the self is worthy. According to this theory, we assume that our individual worlds are good, safe, and benevolent, and that therefore the people who are around us are also good, safe, and benevolent. We are aware that the greater outside world is dangerous and suffers many negative and devastating events, yet we presume our personal worlds to be safe and positive. We also assume that the world is meaningful and makes sense. Hence we are prone to search for meaning and ask why events happen in our world, as well as why events happen to certain people. We assume that there is reason or cause for each event. Finally, we generally perceive ourselves as good, capable, and moral. This leads us to maintain a sense of justice and inherent safety: because the world makes sense, as a good people we will be safe and secure.

Janoff-Bulman (1992) explained that our fundamental assumptions allow us to maintain an illusion of invulnerability. Therefore, when we experience a trauma, such as sexual abuse, our assumptions are challenged and often shattered. Survivors come to see that their previous beliefs were illusions and that they are in fact vulnerable. This is a terrifying realization. Survivors will use several cognitive mechanisms to regain a sense of control and understanding of their world. As Janoff-Bulman pointed out, a common response is self-blame; self-blame acts as a method of rebuilding a comfortable assumptive world. This has most serious implications for survivors of childhood traumas,

such as childhood sexual abuse, as children's negative and self-blaming assumptions that are developed to regain understanding of their worlds are likely to be more pervasive and persistent than the assumptions developed by adults (Ullman, 1997).

Stigmatization

Finkelhor and Browne (1985) developed a model to describe the immediate and long-term impact of childhood sexual abuse. They proposed that the effects of sexual abuse are a result of four traumagenic dynamics: stigmatization, betrayal, powerlessness, and traumatic sexualization. While each dynamic is considered to have a role in the development of symptomatology, stigmatization has been considered to be particularly important as it is the dynamic that pertains to self-blame. Finkelhor and Browne described stigmatization as "the negative connotations—for example, badness, shame, and guilt that are communicated to the child around the experiences and that then become incorporated into the child's self-image" (p. 532). In this model, the child's sense of self-blame develops either through direct blaming of the child by the perpetrator of the abuse or through making the child feel ashamed. Stigmatization has been studied and more specifically defined by Feiring et al. (1996), and they have determined that stigmatization includes two components: a cognitive component of self-blame and an emotional component of shame. Their research suggests that it is stigmatization, including both self-blame and shame, that leads to much of the negative symptomatology experienced by adult survivors of childhood sexual abuse.

Healing from Childhood Sexual Abuse

Overcoming Childhood Sexual Abuse

Recovery after childhood sexual abuse is not a uniform process for all survivors. However, some elements of recovery have been noted to be important for most survivors of sexual abuse and other traumas. For example, Herman (1992) considered recovery after trauma, and she explained that "recovery unfolds in three stages. The central task of the first stage is the establishment of safety. The central task of the second stage is remembrance and mourning. The central task of the third stage is reconnection with ordinary life" (p. 155). Herman warns that these stages are not to be taken too literally, as recovery is a complex, turbulent, non-linear process. However, she notes that overall researchers have found similar processes of recovery among trauma survivors which include these three general stages. These stages will be individually experienced by each trauma survivor. Herman's model gives detailed accounts of the possible tasks of recovery during each stage, and reveals that the goal of recovery is for the survivor to be empowered to re-embrace life fully.

The recovery process specific to childhood sexual abuse has also been discussed by several clinicians and theorists (e.g. Bass & Davis, 1992; Engel, 1989; Swink & Leveille, 1986). Bass and Davis outlined a model of recovery based on the experiences of female adult survivors of childhood sexual abuse, including Davis's own recovery. Their model includes 14 stages, most of which will be essential to every survivor's recovery process. While the stages are more specific in nature, they are consistent with the stages proposed by Herman (1992). For example, Bass and Davis proposed that remembering the abuse, grieving and mourning the losses associated with the abuse, and resolution and

moving on from the abuse are all important stages in recovery. In addition, some of the other stages that they described include breaking the silence about the abuse, coming to understand that the abuse was not your fault, making contact with the child within, and learning to trust yourself again.

Bessel van der Kolk (1996, 2003, 2004, 2006), a prominent researcher on the psychobiology of trauma, has bridged the gap between neurobiological research and trauma treatment literature, as he has noted how the process of overcoming trauma is restricted by the neurobiological effects of trauma. For example, his neuroimaging studies of PTSD patients (2004) have focused on the effects on their brains of listening to their own trauma narratives. These studies have found that this listening experience leads to increased activity in the right hemisphere (specifically the areas responsible for emotional arousal: the amygdala, insula and medial temporal lobe), and decreased activity in the left hemisphere (particularly in Broca's area, which is responsible for motor speech). van der Kolk has noted that given this decreased activity in Broca's Area when remembering trauma, it is clear that it is difficult for survivors to verbalize their internal experiences. This makes it more difficult to process the trauma, and it makes traditional verbal therapies a challenge for the survivors. van der Kolk suggested that body-oriented therapies, Eye Movement Desensitization and Reprocessing (EMDR), or Dialectical Behaviour Therapy (DBT) may be more effective with trauma because they rely less on verbal expression of internal experience.

van der Kolk (2004, 2006) has further discussed the implications of the physiological changes present in trauma survivors on treatment. He emphasized the importance of ensuring that survivors gain the necessary skills to identify bodily

sensations and tolerate these uncomfortable sensations and emotions. He noted that without a sense of control and acceptance regarding these sensations, trauma survivors are likely to use potentially dangerous self-soothing behaviours such as substance abuse, binge eating, or self-injury. It is after survivors have learned to cope with and accept the way they feel that they can begin to work through their trauma memories. He explained that by being capable of feeling safe and simultaneously remembering the traumatic event, trauma survivors will be able to alter the intense emotions originally associated with the trauma. van der Kolk's (2003, 2006) contribution to the literature includes an outline of the essential elements of treatment with trauma survivors, such as creating a sense of safety, managing their anxiety, and emotional processing of the trauma, which are congruent with the elements of recovery proposed by Herman (1992).

In an effort to understand the underlying processes of recovery among survivors of sexual abuse, some research has examined these processes with a focus on survivors' resilience (e.g., Bogar & Hulse-Killacky, 2006; Valentine & Feinauer, 1993). Bogar and Hulse-Killacky's qualitative study examined resiliency factors and processes among 10 female adult survivors of childhood sexual abuse. They considered resiliency factors to be those "that seem to contribute to an individual's extraordinary ability to 'bounce back' from trauma experiences" (p. 319). They identified five clusters of resiliency factors, including interpersonal skill (such as having the capacity for emotional intimacy or having an optimistic outlook on life), competence (such as excelling in school, creative activities, or athletics), high self-regard, spirituality, and helpful life circumstances (such as the influence of positive people). They also identified four resiliency processes that facilitated the survivors' recoveries: positive coping strategies for self-soothing or self-

protection, focusing thoughts and energy away from the abuse experiences, pursuing active conscious healing, and engaging in a personal meaning making process to come to an understanding why the abuse occurred. Each of these resiliency factors and processes aided the participants in recovering from their sexual abuse experiences.

Other potentially important resiliency factors have been identified in research on overcoming general childhood adversity. For example, Masten, Best, and Garmezy (1990), found that individuals who recover more successfully from childhood adversity share certain characteristics: they are good learners and problem-solvers, engaging to others, and have areas of competency that are valued by self or society. In addition, these children also have had at least one positive and supportive relationship with a competent adult. The particular importance of the role of mentors in promoting resilience in children who face adversity has been noted in other research (e.g., Southwick, Morgan, Vythilingham, & Charney, 2006).

A few studies have also examined the overall healing process of adult survivors of childhood sexual abuse. For example, Valentine and Feinauer (1993) studied adult survivors of childhood sexual abuse who defined themselves as functioning well, and they explored what these women believed had facilitated their healing. These survivors noted many facilitating factors, including getting emotional support from outside the family, having religion or spirituality, having an internal locus of control and sense of personal power, having an optimistic outlook, making external attributions for their abuse, and finding freedom from blame and guilt related to the abuse. Although overcoming self-blame was noted as an important aspect of these women's healing, it was not indicated how they overcame their self-blame.

Harvey, Mishler, Koenen, and Harney's (2000) narrative study of three survivors' evolving stories during their recovery processes, indicated that turning points in survivors' lives create opportunities for survivors to re-story their experiences and arrive at new understandings of their abuse. Harvey et al. indicated that as survivors' understandings and meanings regarding their abuse experiences change in response to life experiences, they shift from a sense of powerlessness to one of efficacy. They suggested that it is through remaking their narratives that survivors deal with their traumas and are able to move forward in life. Specifically, by accurately coming to blame the perpetrator fully for the abuse, the survivor is freed to rediscover a more accurate conception of herself.

Similarly, Glaister and Abel (2001) completed a qualitative study exploring healing from the perspective of 14 female adult survivors of childhood sexual abuse who perceived that they had healed from their abuse. The survivors revealed several factors that were helpful to their healing, such as gaining information on abuse, having supportive relationships, and learning new ways of thinking about the abuse. They emphasized that being committed to their healing and believing that healing was possible were important factors in their recovery. Godbey and Hutchinson (1996) also explored factors that facilitated healing from adult survivors' perspectives, and their qualitative study found that participants' believed that gaining insight, having a willingness to change, finding joy in life, and assigning responsibility for the abuse solely to the perpetrator were some of the factors that facilitated their healing. Thus, overcoming self-blame has been demonstrated to be an important part of healing from childhood sexual abuse in several different research studies.

Overcoming Self-Blame

The research demonstrating the negative consequences of self-blame (e.g., Weaver & Clum, 1995), as well as that which shows the importance of overcoming self-blame for recovery (e.g., Valentine & Feinauer, 1993) both support the importance of addressing self-blame in order to facilitate recovery after childhood sexual abuse. Some clinicians advocate shifting the blame for the abuse away from the self and towards others, such as towards the perpetrator of the abuse or those who failed to protect the survivor (Bass & Davis, 1992; Briere, 1989). For example, Feinauer and Stuart (1996) noted that a sexual assault survivor's attribution of blame for the abuse on the perpetrator and not on herself is a very strong indicator of resilience and successful recovery. Similarly, Lev-Wiesel (2000) demonstrated that survivors who blame their perpetrators rather than themselves reported a higher quality of life and higher self-esteem. As well, Hoagwood (1990) found that self-blame was correlated with increased reports of depression and reduced self esteem, and blaming the abuser was correlated with decreased reports of depression and increased self-esteem.

However, these results have not been replicated in all research studies. McMillan and Zuravin (1997) found that both self-blame and family blame were related to indicators of poor adjustment in adult survivors of childhood sexual abuse. In addition, they found that perpetrator blame was not significantly related to adjustment in adulthood. Similarly, within the research on adult sexual assault, Koss and Figueredo (2004) found that attributing blame to the perpetrator and other external factors was associated with greater PTSD symptoms among adults who were sexually assaulted recently. They noted that their results are consistent with other research that has indicated

that optimal recovery from sexual assault takes place after survivors stop attempting to attribute causes for their assaults (e.g., Harvey, 1996).

Celano (1992) explained that attributing all blame to the perpetrator may hamper a survivor's sense of efficacy and control, as well as highlight a sense that the world is dangerous and unpredictable. In addition, research has indicated that self-blame and perpetrator-blame are not opposites, but independent factors (Dalenberg & Jacobs, 1994). Increasing perpetrator-blame does not immediately decrease self-blame. The factors that do decrease self-blame have not yet been determined.

Several psychotherapists have written about how to facilitate overcoming self-blame for sexual abuse based on their clinical experiences with clients (e.g., Hall & Lloyd, 1993; Weiner & Robinson Kurpius, 1995). Hall and Lloyd described the importance of testing survivors' feelings of self-blame in "a realistic and rational way" (p. 266). They outlined focusing on responsibility for the abuse, helping survivors understand that children are not responsible for any of the abuse. They described some of the goals of therapy as helping the client understand that a child is never responsible for being sexually abused, a child is not responsible for being able to stop the abuse, a child cannot be held responsible for remaining silent about the abuse, nor is a child responsible for failing to protect her siblings or other children from the abuser. They noted that questions can be asked within therapy to challenge survivors' self-blaming beliefs and highlight their lack of responsibility for the abuse. For example, asking questions such as "Whose idea was it to start the abuse? How tall were you? How tall was the abuser?" can challenge their sense of responsibility.

Hall and Lloyd (1993) also advocated the use of photographs of the client as a child, as well as spending time with children who are the same age as when the abuse took place, to correct misconceptions regarding her sense of ability to stop the abuse. Weiner and Robinson Kurpius (1995) also suggested this technique, and they noted that survivors should be directed to "look for the vulnerability of these children, how the world is simple to them, and how they rely on the adults who are with them" (p. 127). This activity can help survivors see their own vulnerability and innocence as children.

Briere's (1989) model of treatment outlined specific tasks to be completed within treatment after childhood sexual abuse, including the task of disrupting the abuse dichotomy. The abuse dichotomy is the self-blaming pattern of thinking that develops in children who are being abused as a way to explain how someone they care about could hurt them. He outlined that children's thinking patterns include believing that adults are always right and that children are punished when they are bad; therefore, it must be their fault when they are hurt by an adult. He noted that the survivor's self-blaming cognitions must be challenged, and they must be changed so that she comes to see that the abuse was done to her not caused by her. Briere advocated for therapeutic techniques that lead to these insights within the client.

In a qualitative study of eight psychotherapists whom specialized in sexual abuse counselling, Cody and Woolley (1997) examined the core factors that the therapists found facilitate the healing of shame in adult survivors of childhood sexual abuse. While this study was on shame, the participants outlined the healing process for both the emotion of shame and the cognitions of self-blame. It was noted that shame develops from the meanings that are created regarding the abuse experiences, and the predominant meaning

survivors take from abuse is one where they are personally responsible for the abuse and/or that they are different, soiled, or defective. Thus, the therapists interviewed emphasized that after creating a trusting relationship with their clients, the next step is to face the abuse memories to allow for both catharsis as well as an increased awareness of the meanings that the survivors have made from the abuse. At the same time, it is important to contextualize the abuse by having the clients look at the abuse from an adult point of view, however recognizing that during the abuse they were children. By seeing themselves as a child, they can begin to be encouraged to use their adult mind to re-negotiate the meanings that they created as a child to explain the abuse. This allows for an opportunity to place the responsibility for the abuse on the perpetrator. Cody and Woolley's findings suggest that re-negotiating meanings developed from the sexual abuse is the facilitating factor in overcoming shame.

The process of overcoming self-blame for victimization has not been examined specifically within the research literature. There is a small amount of literature which examines self-forgiveness after an objective fault or wrong doing; yet this literature notes that there is little known about the process of self-forgiveness and the factors that may facilitate it (Hall & Fincham, 2008). Self-forgiveness has been defined as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Enright, 1996, p. 115). Enright noted that self-forgiveness is not relevant to victims of abuse, as a victim has "quite literally nothing to self-forgive for that offence" (p. 12). However, given that victims of abuse do commonly blame themselves, it is possible that self-forgiveness could be similar to the process of overcoming self-blame for victimization.

The preliminary research on self-forgiveness has found some factors that appear to facilitate it. Hall and Fincham (2008) found that self-forgiveness is a process that unfolds over time, beginning immediately following the offence and increasing steadily over time. Also, they found that perceived forgiveness from the victim or a higher power facilitates self-forgiveness. Other factors, such as conciliatory behaviour, were not found to be correlated with self-forgiveness. A sense of guilt was found to be negatively correlated with self-forgiveness; increases in guilt were associated with decreases in self-forgiveness. While this research is only preliminary, and this process likely differs from the process of overcoming self-blame for victimization, it highlights some factors that may be relevant to overcoming self-blame. For example, it demonstrates the importance of alleviating a sense of guilt. Also, it identifies some factors that may facilitate self-forgiveness, such as receiving forgiveness from the victim, but that are not available to those who blame themselves for their own victimization.

The self-forgiveness literature states that the lack of research on the process of self-forgiveness is a serious oversight given the importance of self-forgiveness to mental health (Hall & Fincham, 2008). Given that there are even more demonstrated negative effects of self-blame after victimization, it can be considered an even more serious oversight that this process has not yet been examined.

Implications of the Research Literature

Kolko and Feiring (2002) emphasized the importance of completing more research on self-blame among survivors of childhood sexual abuse, because of the potential to use this information to intervene and promote healing: "attributions about one's experiences are accessible and presumed to be modifiable. Thus, abuse-specific

attributions may be fairly amenable to therapeutic intervention" (p. 5). They also noted that considering the degree to which clinicians focus on addressing self-blame after childhood sexual abuse, the research on this topic has been very limited. Similarly, Dalenberg and Jacobs (1994) noted that self-blame is not fully understood, and that it must be studied more closely before treatment options to overcome it can be recommended. In fact, research on the effects of survivors' self-blame has recommended that future research focus on the successful treatment of these destructive self-perceptions (e.g. Owens & Chard, 2001). Overall, the research literature on self-blame after childhood sexual abuse has well documented the detrimental effects of self-blame, and the necessary next step is to examine overcoming self-blame and how to facilitate this process.

This study seeks to begin to address the current gap in the research literature by specifically examining how female survivors of childhood sexual abuse overcome their self-blame for their abuse. The intention is to enhance our fundamental understanding of overcoming self-blame. The questions guiding this research are: (1) what experiences lead to an alleviation of self-blame for sexual abuse? And (2) what about those experiences leads to diminished self-blame? The increased understanding that comes from an in-depth qualitative examination provides an opportunity to contribute to the foundational knowledge on overcoming self-blame.

CHAPTER THREE

METHOD

The purpose of this study was to explore the experiences and processes of overcoming self-blame among adult survivors of childhood sexual abuse. This exploration should serve to increase the knowledge and understanding of that which facilitates overcoming self-blame for sexual abuse. Basic interpretive qualitative inquiry (Merriam, 1998, 2002) was used as the method of investigation and informed all of the study, from participant selection to data analysis. The following chapter describes in detail the elements of the method used, including the theoretical framework underlying this method, participant selection, data collection, data analysis, and evaluation of the study.

Qualitative Research Paradigm

A qualitative research method was selected for this study in order to best address the research question. Overcoming self-blame after childhood sexual abuse has not yet been studied in depth within the research literature, and qualitative methods are appropriate for those areas which are new areas of study (Richards & Morse, 2007). Qualitative methods result in rich, descriptive findings that are particularly useful when gaining an initial understanding of a phenomenon (McLeod, 2001). Also, the more holistic understanding of each individual participant's experience that comes from qualitative methods leads to a depth of understanding that is difficult, if not impossible, to attain using quantitative methods (Merriam, 1998).

As McLeod (2001) explains, in qualitative research, the primary goal is to come to understand how the world is constructed, and qualitative methods have been created to

further our understandings of this construction. In the qualitative paradigm, the researcher accepts the view that there are multiple realities that are created individually and communally (Arvay, 2002). As Merriam (2002) argues:

The key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals in interaction with their world. The world, or reality, is not the fixed, single, agreed upon, or measurable phenomenon that it is assumed to be in positivist, quantitative research. Instead, there are multiple constructions and interpretations of reality that are in flux and that change over time. Qualitative researchers are interested in understanding what those interpretations are at a particular point in time and in a particular context. (p. 3-4)

The qualitative approach that examines how individuals experience their world and the meaning that they create regarding their world is an interpretive qualitative approach (Merriam, 2002). Underlying this approach is constructionism (Merriam), as meaning is not discovered but it is constructed "by human beings as they engage with the world they are interpreting" (Crotty, 1998, p. 43). In addition, phenomenology and interactionism have contributed to the theoretical underpinnings of interpretive qualitative research: from the former we gain the idea that individuals interpret their experiences based on the meaning that those experiences have for them; and from the latter, the idea that meaning is created within interactions between the individual and society (Merriam). Other theoretical frameworks can be used to frame qualitative studies, including critical and postmodern approaches; however, these approaches go beyond gaining fundamental understanding (Merriam).

Methodological Framework

Given that this study examines a process that has not been previously examined in depth, I chose an interpretive qualitative approach, specifically basic interpretive qualitative inquiry (Merriam, 1998, 2002). Within this approach, as the researcher, I sought to learn how individuals experience, interact with, and overcome their self-blame after sexual abuse, the meaning that it has for them being paramount. The objective of basic interpretive qualitative inquiry is to "seek to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved" (Merriam, 1998, p. 11).

Merriam (2002) outlines four key characteristics of the interpretive qualitative research design. The first characteristic is that researchers strive to understand the meanings their participants have constructed, or understand "how do people make sense of their experience?" (p. 5). Thus, the understanding that comes from this research is based upon the participants' perspectives. Secondly, Merriam explains that within interpretive methodologies, the researcher is the primary research instrument, conducting both data collection and data analysis. The participants' meanings and constructions are mediated through the researcher as the instrument of analysis. Thirdly, this research is conducted as an inductive process, where data are gathered first in order to build hypotheses and theories; the research process does not initiate with hypotheses as in positivist research. Finally, a rich description of the phenomenon is the resulting product of the research.

Data Collection

Sample

Participants were selected through purposeful sampling, which is congruent with the chosen method: "since qualitative inquiry seeks to understand the meaning of a phenomenon from the perspectives of the participants, it is important to select a sample from which the most can be learned" (Merriam, 2002, p. 12). Participants who had different types of facilitative experiences in overcoming their self-blame, such as seeking counselling or having children, were sought out in order to examine the process over different types of experiences.

The participants for this study were recruited through counselling agencies in the city, such as the Sexual Assault Centre of Edmonton and the University of Alberta Sexual Assault Centre, that commonly work with adult survivors of childhood sexual abuse. Recruitment was not limited to clients of the agencies, but also included volunteers, staff, and individuals known to volunteers and staff not currently involved in the agency. I met with the staff and volunteers of the agencies and described my proposed study. In addition, I presented them with a recruitment handout that they could keep for themselves or distribute to potential participants (see Appendix A).

Eligible participants were selected through a screening process that confirmed that the participants (a) were female over the age of 18, (b) were survivors of childhood sexual abuse, (c) had experienced self-blame for their sexual abuse, (d) perceived that they have overcome some or all of their self-blame regarding their abuse, and (e) were willing and able to discuss their experiences in depth. The participants' beliefs or perceptions that they have overcome some of their self-blame was the criterion for

accepting that they had done so, rather than determining their current level of self-blame, as it is the participants' perspectives that are most important in this study. Of the six individuals who contacted me regarding the study, four were eligible to participate and were interviewed.

As Morse (2000) describes, the number of participants necessary for a study is dependent on several factors, including the scope of the study, the nature of the topic, the quality of the data, and the qualitative method used. For example, this study has a narrow scope of study, requiring fewer participants. The time and financial limitations of this master's project also limited the sample to this size. Still, by using purposive sampling, and carefully selecting participants who are experts in the phenomena of interest, the quality of the data gathered was high, thus requiring fewer participants. Also, studies using basic interpretive qualitative inquiry typically have fewer participants than studies using other methods in order to allow for an in-depth investigation of each individual case (Merriam, 1998).

Demographics of participants. The participants were all adult survivors of childhood sexual abuse. At the time of the interviews, they ranged in age from 29 to 59. Two were married, one was widowed, and one was divorced. All four participants identified themselves as Caucasian. The highest level of education obtained by the participants varied: one completed high school, one completed technical school, one completed an undergraduate degree, and one was completing graduate school. Three of the participants identified themselves as Christians, and one identified herself as "spiritual, non religious."

Data Generation

Interviews. The primary method of data generation for this study was the use of in-depth, semi-structured interviews. The interviews were guided by open-ended questions (see Appendix E); however, the participants were engaged in a natural conversation that gave them the space to discuss their experiences in depth. The guiding questions in the interview, such as "Please describe the self-blame you experienced regarding your childhood sexual abuse," ensured that similar topics were covered within each interview. Clarifying statements and follow-up questions were used in order to gain a fuller understanding of the participants' experiences. The semi-structured nature of the interviews allowed for the opportunity to follow the participant's lead into content that was not anticipated, but may have been relevant. By imposing a rigid structure on the interview, the amount and quality of data may have been compromised (McCann & Clark, 2003).

Interviews were conducted in person; two were conducted at the University of Alberta Education Clinic, and two were conducted at the participants' homes due to their increased comfort level with being interviewed at home. Interviews took approximately one to two hours. Before commencing each interview, each volunteer was informed of the nature of their participation in the study and asked to read over and sign a consent form (see Appendix C). They were also asked to complete a demographics form (see Appendix D) and choose a pseudonym to be used in place of their name. Each interview was recorded and transcribed verbatim. After the completion of the transcription of each interview, participants were offered the opportunity to review the transcript of their

interview and make additions, deletions, or corrections. While each took this opportunity, no changes or deletions were made.

Other forms of data generation. Throughout the study, from inception to completion, I kept a research journal. It was first used to record the development and design of the research study. Later it was used for reflexive practices in order to document my thoughts and observations throughout the research. As the researcher and therefore instrument of research, I kept this journal in order to record my reactions, reflections, and impressions that resulted from the interviews, and I also began my initial conceptualizations of emerging themes after each interview. I used the journal to record some memos and initial analyses during data analysis, and I examined my process as a researcher and my influence on the research.

Memo writing or writing in a journal are useful elements of a qualitative study (McLeod, 2001). Merriam (2002) advocates for the use of memos and journal writing as a form of audit trail which outlines how one arrived at the results. McLeod explains that research journals are commonly used within the qualitative method "to capture personal and intuitive dimensions of the process of 'meaning-making' as they occur" (p. 133). Writing my reflections, interpretations, and decisions as I engaged with the research, during data collection and analysis, resulted in a record of my thought process throughout the research study.

Data Analysis

Data analysis followed the Basic Interpretive Qualitative Inquiry method (Merriam, 1998, 2002). Within qualitative research, data analysis is conducted simultaneously with data collection (McLeod, 2001; Merriam). Initial memos and notes

were written after each interview. After the transcription of each interview was completed, I listened to the audio-recording of the interview while reading the transcript in order to verify its accuracy, increase my familiarity with the data, and gain a sense of the data.

The first step in the formal analysis was to code the first interview transcript into units of data, which are "any meaningful (or potentially meaningful) segment[s] of data" (Merriam, 1998, p. 179). Upon completion, the units were compared to one another through the constant comparative method of data analysis as initially described by Glaser & Strauss (1967). Codes and categories were compared for their underlying similarities and differences, and these comparisons led to the formation of categories and also higher-level categories. As data was acquired, each new piece of data was compared to the existing data and categories (Fassinger, 2005). Specifically, the subsequent interviews were also each coded into units of data that were compared with the existing units and categories from the previous interviews. A developing classification system of the patterns within the study was further developed with the analysis of each interview (Merriam, 1998).

Merriam's (1998) guidelines to determine the efficacy of the categories that emerge from the constant comparative analysis were used throughout the data analysis. She explains that the categories should reflect the purpose of the research, answering the research questions. Hence each category was considered with regard to the research question: whether it contributed knowledge to the process of overcoming self-blame for sexual abuse. Merriam notes that categories should also be exhaustive, and therefore all the data units that were deemed relevant to the study were subsumed into a category. The

categories were also examined to ensure that they were mutually exclusive; each data unit could only be placed into one. When the categories were not mutually exclusive, they were reconceptualized. Each was named carefully, ensuring that the names of the categories were sensitizing to their content. Finally, they were also examined to ensure they were conceptually congruent, meaning that "the same level of abstraction should characterize all categories at the same level" (p. 184).

Once an adequate set of categories was developed, all the data were re-examined in order to contribute further to the categories. Upon the completion of this inductive analysis, where the common themes that "cut across the data" (Merriam, 2002, p. 7) were identified and saturated with data, the findings were written into a descriptive account. The findings were richly described, and the relevant literature was referenced.

Evaluating the Study

Guba and Lincoln (1994) outlined four elements of qualitative research that contribute to the rigour, or trustworthiness, of a particular study: credibility, fittingness (or transferability), auditability (or dependability), and confirmability. I designed this study in order to address each of these elements appropriately.

For research to have credibility there must be confidence in the "truth" of what is reported in the findings; the researcher's analysis must fit with the participants' realities and experiences (Streubert & Carpenter, 1999). In this study, particular elements of the method, such as purposeful sampling, coding for units of data, and constant comparative analysis, helped ensure that the research was grounded in the participants' experiences. In addition, member checks were conducted; participants were asked to review the transcripts of their interviews, and a collaborative approach with the participants

throughout the study served as a check that the analyses resulted in findings that are reflective of the participants' realities. Patton (1999) maintains that credibility of qualitative research depends on both the methods of data gathering and analysis, as well as the credibility of the researcher; thus the researcher's qualifications, experience, and perspective should be made explicit. My previous work with survivors of childhood sexual abuse was described to the participants and was noted during the introduction of this document. Credibility was further enhanced through triangulation of the data with the related research literature.

Fittingness, or transferability, is the probability that the research findings can be meaningfully applied to contexts other than the one studied (Streubert & Carpenter, 1999). This was addressed through purposive sampling, which involves recruiting participants who have experienced the phenomenon of interest, as well as are representative of the population of interest (Gillis & Jackson, 2002). In addition, participants with different facilitative experiences in overcoming self-blame were recruited, and other variations that were considered important were sought through purposeful sampling, increasing the generalizability of the research (Chenitz & Swanson, 1986). Finally, rich descriptions and quotations are used in this final research report in order to ensure that participants' experiences are well represented, and this allows for the opportunity for the comparison of these participants' experiences to those of others.

Auditability, or dependability, is the potential that another researcher could follow the process and methods used in the study (Streubert & Carpenter, 1999), and this requires detailed records of each decision made within the research process (Guba & Lincoln, 1994). For this reason, a complete audit trail was kept of the entire research

process, including memos regarding the decisions made during analysis. In addition, further auditability was achieved by having my thesis supervisor review my coding and analysis.

Lastly, confirmability means establishing that the data analysis and findings are not a product of the researcher but emerge from the data (Tobin & Begley, 2004). This objective was maintained by the methods, such as coding units of data and constant comparative analysis, which require that the analyses remain grounded in the data. Maintaining an audit trail and all the research data and materials for a minimum of five years after the completion of the study will also ensure that others could confirm the findings, and the review of my analyses by my thesis supervisor will act as a form of confirmation.

Ethical Considerations

A proposal for this study was submitted to, and approved by, the Faculties of Education, Extension, and Augustana Research Ethics Board at the University of Alberta. The participants were protected by the strict implementation of the guidelines outlined by the Ethics Review Board. The emotionally sensitive nature of the topic of this study, childhood sexual abuse and self-blame, justified full attention to (1) issues of informed consent (see Appendix C), (2) repeated reminders of the voluntary nature of continuing participation, (3) stringent safeguards to protect confidentiality, and (4) referral options for counselling or support provided to all participants (see Appendix F).

Free and informed consent was described to, and obtained from, participants throughout the study. During an initial phone conversation in which potential participants were given more information on the study and screened for eligibility, I

discussed the right of participants to withdraw participation, and all of their information provided thus far in the study, at any time. Informed consent was described again at the beginning of each interview, and written consent (see Appendix C) was obtained from the participants. The consent form assured anonymity and confidentiality of participant responses, reminded participants that they could discontinue participation at any time without penalty, and asked permission to use the information that they provide for research purposes. I revisited informed consent at the end of the study with each participant.

Voluntary consent was not be compromised by incentives, as none were offered for participation. In addition, voluntary consent was ensured by having interested participants initiate contact with me after they had been more fully informed through the information letter (see Appendix B) that informed them of the study and allowed them to consider their involvement in the study.

Conclusion

The use of basic interpretive qualitative inquiry (Merriam, 1998, 2002) results in research findings that are representative of the participants' experiences and maintain the participants' perspectives. Given that survivors are commonly silenced regarding their experiences of sexual abuse, this method is particularly beneficial in that it highlights the survivors' voices. It allows us to hear each survivor, and learn from each survivor's story.

CHAPTER FOUR

FINDINGS

Four women participated in this study. Although each of their lives is unique and distinct, and the women vary in their ages, professions, interests, and commitments, they were all sexually abused as children. In addition, each of them experienced self-blame for the sexual abuse they suffered. During the interviews, these women shared their experiences of sexual abuse, their self-blame for the abuse, and their processes of overcoming their self-blame. The participants' interviews were analysed, and their common experiences and processes were described through the creation of themes. This chapter will begin with an introduction to each of the participants as they described their experiences and perspectives. A discussion of the themes and sub-themes that resulted from the analyses of their interviews will follow.

Introduction to the Participants

Jill

Jill is a successful professional in her early fifties, who wanted to participate in this study because she strongly believes in ending the silence that surrounds sexual abuse. Jill was sexually abused by her father throughout her childhood: from when she was preverbal until age 12. Although she was aware that her father regularly sexually abused boys, she did not recall her own sexual abuse by her father until she was in her mid-thirties. As a child she recalls witnessing her father molest boys, and as an adult, before memories of her own sexual abuse returned, she made several efforts to stop her father from abusing others by reporting his behaviour to the authorities. No action was taken by the police until after Jill's own memories had returned. The memories of her abuse were

triggered while she was working for the police service, as her father had been a police officer. She did not pursue legal action once she remembered what had happened; she focused on her own recovery. Jill recalls the police contacting her after several complainants had filed reports regarding alleged sexual abuse perpetrated by her father. She was able to report to the police her memories of her own abuse, as well as the sexual abuse of several others that she had witnessed.

Jill's father would often molest children in the presence of others. At his trial, several witnesses testified to having seen him molest children. Some reacted by turning away, not able to believe what they were seeing. He was a former policeman and an upstanding citizen. It was surreal to see him fondle a child and behave as though what he was doing was perfectly normal. In fact, part of his manipulation of his own daughter while he molested her was to say to her that this is what love is. When she would pull away and protest, he would engender guilt in her by suggesting that she did not love her father.

When the trial started, she felt strongly that she had been silenced regarding her own abuse, and that she wanted the silence to end. For this reason, she actively pursued lifting the publication ban on her name for the media coverage of her father's trial, hence ensuring that her father's identity was no longer protected. The trial resulted in her father being found guilty on 11 charges, and he was sentenced to two years less a day in prison. The Crown Prosecutor appealed his sentence, and his prison time was increased to four years. Jill also took further measures to protect the public after her father was released.

Jill experienced effects from the sexual abuse both before and after her memories returned. As a child, Jill describes feeling as though there was something deeply wrong

with her, as though there was something ugly, dark, and evil inside of her. It was not until she was an adult that she recognized that this feeling was a form of self-blame for the sexual abuse she suffered. This feeling was a product of a child's attempt to understand how she deserved to be treated that way by her father, and also from the accumulated guilt from rejecting her father. Because of her father's comments and manipulation, Jill was left with a sense that there was something wrong with her that would make her reject him.

For many years Jill hoped that no one would ever find out about her bad inner core. She lacked confidence and felt awkward around others. When she was a teenager, she began to have thoughts of suicide. As a young adult, she was burdened with a worry that she was not lovable. Thus, she married the first man who loved her, as she was certain that there would not be another man who would. This marriage was void of sexual intimacy, which at the time felt safe to Jill. However, this marriage was short-lived.

Later Jill fell in love and married a supportive and caring man with whom she developed a close partnership. Within the safety of a loving marriage, Jill remembered her childhood sexual abuse. After regaining this memory, Jill experienced intense fear, insecurity, and emotional devastation so profound that she was unable to work or function normally in everyday life for a full year. She found that she was terrified of men, even her husband and son who had never been at all threatening to her.

While Jill's experiences at home as a child were marked by shaming incidents that included sexual abuse, her experiences at school were notably different. She was a strong student, excelled academically, and was well liked by her teachers. Jill developed strong relationships with several of her teachers, who provided support, validation, and

encouragement. Jill's academics successes continued throughout her schooling, and as an adult she has excelled professionally.

In her adult life, Jill also surrounded herself with individuals who were supportive and caring. Her husband provided unwavering support throughout her healing process from the sexual abuse, as well as throughout her father's trial. She sought the support of professionals, such as counsellors and psychiatrists when they were needed. Jill's experiences of abuse and her inner drive and interest to grow, learn, and self-actualize led her to participate in therapy several times throughout her life.

Jill has come to a place where she no longer feels affected by the sexual abuse she experienced. She knows that she is not to blame for her abuse, and she feels as though she has completed her journey with this issue. She has reclaimed her sense of safety, her sexuality, and her confidence. She is not letting her father rob her of anything anymore. She has great compassion for the little girl she once was who was abused. She has kept all the newspaper clippings and documentation from her father's trial in order to have a record of what happened, but she does not need this documentation for herself. She has forgiven her father for what he has done to her; however, she chooses not to have a relationship with him, given that he has never taken responsibility for the abuse nor healed himself. She does not expect that she will ever receive an apology or admission of responsibility from her father, and she is content with the peace that she has found within herself. Jill continues to be on a journey of growth and self-improvement; yet this journey is no longer dominated by coping with the after-effects of the sexual abuse.

Michelle

Michelle is a graduate student in her late twenties who chose to participate in this study as she is committed to helping others understand the issue of childhood sexual abuse. She has disclosed her experiences of sexual abuse to several individuals and a few groups over her adult life in order to achieve this goal. Michelle was sexually abused by a man who was a neighbour, family friend, and grandfather figure to her. This man and his wife babysat Michelle and her two younger siblings several times during their early childhoods, and the abuse would occur when he and Michelle were alone. He would take her away from the others with the promise of a chocolate bar or something else special. He would then commit the abuse and make it clear that this was their little secret. The sexual abuse began when she was four years old, and it continued sporadically for a period of four years.

Michelle would physically resist the abuse, as she knew it was wrong, and she found it painful and awful; yet, she felt bound to keep the secret given what her perpetrator had said to her. Michelle was a well-behaved, trusting, kind young girl who was faithful to her Christian values; she knew the importance of keeping a promise and being loyal. At age eight, Michelle began seriously questioning if she should tell her parents about the sexual abuse. She lay awake for many nights, sick to her stomach trying to decide if she should tell. She was very nervous to do so, not because she feared that they would be upset with her, but because her mother was a public educator on sexual abuse within the schools. Michelle thought she should have known better than to let this happen to her, and that she should have spoken up long ago. She also knew that her

family would be devastated, and that there would be many changes that would happen as a result of her telling.

During the process of deciding whether or not to disclose, Michelle found out from her younger sibling that she too had been abused by the same man. Michelle had never considered that her siblings may also be suffering abuse, and she was devastated by the news. She now carried a sense of responsibility for both her abuse and her sister's; as the oldest child she questioned herself as to why she had not spoken up sooner. She was burdened by wishing that she had done more to try to stop the abuse. This news confirmed for Michelle that she had to tell her parents about the abuse. Michelle told her parents, and they reacted with compassion and unquestioning support. They also informed the police, who began an investigation. Michelle was interviewed by the police, and charges were laid against her abuser. At the time, Michelle was the youngest survivor in Alberta to have come forward to the police with an account of sexual abuse.

Throughout the difficult legal process, she felt supported by both her family and her community. Yet no amount of support could alleviate the burden of having to be a witness in court against an abuser. Michelle was terrified to go to court and testify. The night before the trial, in which Michelle would have to testify, her extended family gathered at her home. Together the family stood in a circle and prayed. As if in response to their prayers, the crown prosecutor called to let them know that Michelle's abuser had confessed to the sexual abuse charges, and she was therefore no longer required to testify.

Although this was a significant relief and victory for Michelle and her family, the result of the trial was disappointing and angering for them. Despite the abuser's confession to having sexually abused Michelle and four other children, he received no jail time, only

community service. This sentence was based on his age and the fact that he had no prior charges or convictions.

In order to move forward from the experiences of sexual abuse, Michelle and her family went into counselling. She participated in intensive individual, family, and group counselling for over the course of a year. Once a week, Michelle's parents would take her into the city for a full day of therapy. She addressed many issues, including her sense of guilt and self-blame for the sexual abuse and for not disclosing sooner. She also worked on her anger. Michelle credits this year of counselling, as well as the support she received from her family and community, for her ability to move on past what happened. She feels that she benefited greatly from the counselling, and that the symptoms and effects of her sexual abuse were minimal because of the therapy she received.

Michelle's efforts to overcome her self-blame for the sexual abuse, and other symptoms, have been challenged by further experiences of sexual assault. Both as an older child and as an adult, Michelle has faced sexual abuse by other perpetrators. However, the foundation of love and support created by her family before and after her first disclosure of sexual abuse, as well as the work that she did within counselling, have allowed her to remain less affected by the subsequent sexual abuse than she would have been otherwise. During the interview, Michelle did not discuss these other sexual violations any further; she chose to focus on her first abuse experiences, which were the most significant to her.

Michelle's experiences of sexual abuse, and her experiences of positive support, motivated her to give back to her community and help others who are dealing with sexual violence. Michelle volunteered at a Sexual Assault Centre for several years. During this

time, she found that those insights that she had achieved in counselling, such as her lack of blame for the abuse, were reinforced, as she would support other survivors without judgement or blame. Being able to provide support to others without questioning their responsibility for their abuse reinforced her own lack of responsibility for her situation. Michelle rarely thinks back to her own experiences of victimization; and instead she has focused her efforts and her career aspirations on helping others.

Sally

Sally is a successful executive in her late fifties who has two grown children. She is independent and self-sufficient, doing well on her own after two divorces. Sally was sexually abused by her father over the period of a year, starting when she was four years old. Although she suffered many of the symptoms of sexual abuse, she had no recollection of the abuse until 10 years ago. Sally was in therapy to cope with symptoms she was experiencing, and with the help of therapy she recalled the sexual abuse.

Sally and her brother were sexually abused together by their father. He would take the two of them to work, promising a fun outing to the children, and when they were all alone he would commit the abuse. In addition to the sexual abuse, there was tension within the family home. Sally's father would put her mother down and get angry with the children. Sally grew up hating this tension and never feeling completely safe.

Sally experienced many effects from the sexual abuse. Sally has an outgoing and charismatic character, but after the sexual abuse she became a quiet little girl. She was burdened by a sense of guilt and shame. She felt as though she must have been to blame for the abuse, because it was impossible to understand why her father would do this to her. She felt different than others, as though she was not a whole person, and that she was

less lovable than others. She questioned how someone could love her if her own father could not love and respect her. The abuse experiences took away her self-esteem and her innocence. She felt marked by this loss and aware that she could never regain her innocence.

All of these feelings carried on into Sally's adult life. She remained a very anxious and fearful person. She was terrified of being sexually assaulted. She also found making mistakes or failing at anything devastating. This led her to avoid doing anything that she might not be able to do perfectly. She did not attend university in part because she could not manage the stress of taking tests and potentially making mistakes.

While Sally might have achieved even greater success within her career had she not been limited by the effects from the sexual abuse, she is content with her accomplishments and her ability to support herself comfortably. She feels that the greater impact of the abuse has been on her relationships with others. She has had difficulty trusting others and letting them in emotionally. Also she has struggled with trusting herself to choose safe people to let into her life. When she was younger she chose partners who acted as protective figures; however, they were unsafe and sometimes abusive people themselves. She found that abusive people seemed normal to her. She married her husband despite signs that he was verbally abusive because her need to feel protected by someone, to feel "safe and secure", took precedence over everything else. She assumed that safety came from being with another human being, and she was devastated to find that her safety and wellbeing were both compromised within the marriage.

Through 10 years of counselling, Sally dealt with many of the after effects of the sexual abuse and came to a sense of wholeness again. By remembering the experiences, Sally was able to understand herself and her reactions better. She gained compassion for herself and her life choices, given what she experienced as a child. She also focused on the abuse within counselling and healed many of her thoughts and feelings that stemmed from it. She found hypnosis particularly helpful in aiding her to cope with the difficulty of facing her memories. Sally has now learned to choose people who are positive and trustworthy, and she is allowing herself to form closer bonds with others. Although she feels that the scars from sexual abuse never disappear entirely, since therapy she is embracing life fully without having to deal with the burden of constant and intrusive symptoms.

Sally has many reasons to be proud of herself. She has achieved professional success and self-sufficiency that has allowed her to take care of herself. She has also been able to care well for others. She was able to ensure that her own difficulties did not affect her children, and she has raised two independent, strong individuals. Her children have easily attained happiness within respectful and loving adult relationships.

Sally has continued helping others by working as a volunteer at a Sexual Assault Centre. She knows that she has a lot to offer, having been through the healing process herself. In addition, she does not hide the fact that she was sexually abused; when people inquire as to her reasons for volunteering for a Sexual Assault Centre, she will let them know of her own experience. In doing so, she educates others on the prevalence of sexual abuse, and that survivors of sexual abuse are not notably different than others. She breaks stereotypes regarding survivors of sexual abuse and the silence that surrounds this issue.

Erin

Erin is in her mid thirties, and currently is a stay-at-home mother of two young children. She has been actively working on dealing with the sexual abuse she faced as a child, and in the effort to help others and continue her own journey of growth and exploration, she chose to participate in this study. Erin was sexually abused by her friend's father when she was four years old. The sexual abuse occurred a few times, each time when Erin was sleeping over at her friend's house. To Erin the sexual abuse was extremely shocking, as she came from a loving, caring, non-abusive home, and in her family experience adults cared for children; they did not hurt children. In addition, the sexual abuse began when Erin was sleeping, and thus she awoke to these terrifying experiences.

The sexual abuse experiences that Erin suffered also took place soon after the birth of her younger sibling. This was the primary reason why she was sleeping over at a friend's house, to give her parent's a break from having two children in the house. This, coupled with a sense of wanting to prevent herself from ever being abused again, led Erin to develop a strong protective side. She became logical, cautious, defensive, and untrusting. She remained disengaged from others to avoid being hurt again. She had a sense that if she ever took a risk, something bad would happen. These effects from the sexual abuse were long lasting. Throughout her childhood and adolescence, she had few friends, and did not allow herself to become emotionally attached to the boys she dated. She remained disengaged from others as a form of protection. To a lesser extent, Erin carried this emotional detachment into both of her marriages. She married men who also helped protect her and keep her safe, and who did not pose a risk to her emotionally.

Erin also carried immense sadness as a result of the sexual abuse. Others have noted the sadness she carries, but few know its origins. In fact, Erin did not always know that she had been sexually abused. She repressed her memories of the abuse for several years. It was recently, upon becoming a parent, that she chose to face the issue and begin to heal. Intense feelings of sadness overwhelmed her after the birth of her daughter four years ago, and Erin realized that these feelings were related to her sexual abuse. She made the conscious decision to face these feelings and heal from them, as she wanted to be a good mother, and she no longer wanted to use the defences of detachment and distancing. She wanted to be present and fully engaged with her children.

Erin entered therapy and found comfort and healing in being heard. She also benefited greatly from the body-focused psychotherapy that her counsellor used. Erin was able to re-connect to her present experience, turning back on all her feelings. In order to stop feeling negative feelings, she had stopped feeling most feelings. She also learned to trust herself more fully, and she no longer felt the need for emotional walls and detachment to protect her in daily life. Erin came to realize that she cannot control everything that may happen to her and that if faced with other negative obstacles, she will be able to overcome them with time.

Through counselling, Erin has also come to realize that she is equal to others. Since her sexual abuse she had been burdened by a sense that she is less worthy than others, and that she should act accordingly. She feels that this perception was a form of self-blame for the sexual abuse. Her recovery has included the task of finding her inner sense of worth and reclaiming what she is entitled to.

Erin's sexual abuse at age four made her grow up too quickly, becoming her own parent and protector. Her current task is to reclaim the childhood she lost, and allow herself the opportunities to be carefree and childlike in a way that she has not allowed herself to be since her sexual abuse. She is also motivated by her desire to help others, wishing that she were able to take away the pain of children who face what she too has faced. Erin will continue along her path of recovery, motivated by her desire to be the best mother she can be, and by the newfound connections and engagement in life that she now enjoys.

Themes on Overcoming Self-Blame

Five primary themes regarding the process of overcoming self-blame for childhood sexual abuse emerged from the interviews with the research participants. Most are composed of several sub-themes. The themes encompass common facilitative experiences within the larger recursive, non-linear process of overcoming self-blame. They do not indicate specific steps within the process. Nor do they encompass the entirety of the process. Instead, they describe the shared experiences that participants found beneficial in moving beyond their self-blame. The participants' accounts are retrospective, as they explored what helped them get to where they are now. Each survivor's process of overcoming self-blame was unique; yet, the experiences and shift in perspectives that aided them in their processes shared common elements.

The major themes that encompass the facilitated overcoming self-blame are:

Gaining Self-Worth and Validation as a Worthwhile Human Being, Experiencing Support Without Blame, Recognizing the Perpetrator's Blame, Understanding a Child's Perspective, and Reconnecting to the Feelings and Needs of the Sexually Abused Child

Within. Each of these themes is discussed in depth in the following section. The themes and their sub-themes are summarized in Table 1.

Table 1

Themes and Sub-Themes Generated From Participant Interviews

Themes	Sub-themes
Gaining Self-Worth and Validation as a Worthwhile Human Being	Positive Experiences With, and Recognition From, Adults
	Success as a Parent
	Self-Recognition and Self-Respect
Experiencing Support Without Blame	Family
	Justice Process
	Psychotherapy
Recognizing the Perpetrator's Responsibility	I Could Never Sexually Abuse a Child
	He Was the Adult
Understanding a Child's Perspective	Children's View of Adults
	Children's Limited Understandings and Abilities
Reconnecting to the Feelings and Needs of the Sexually Abused Child Within	

Gaining Self-Worth and Validation as a Worthwhile Human Being

The first theme, *Gaining Self-Worth and Validation as a Worthwhile Human Being*, explores experiences that the participants described that created thoughts and feelings about themselves that were contradictory to the thoughts and feelings that were associated with the sexual abuse. The sexual abuse left each of the participants with a sense of self-blame, which permeated and negatively impacted their sense of self-worth. The following experiences provided the participants with opportunities to develop their sense of self-worth, feel lovable, and feel capable. They provided the foundation for future healing.

Positive experiences with, and recognition from, adults. Two of the participants, both of whom were sexually abused by their fathers, described positive experiences with

other adults that gave them the foundation of self-worth necessary to avoid potentially destructive coping mechanisms. Jill described that she avoided drugs and alcohol when she was feeling the profound pain associated with her sexual abuse because she was given messages of being worthy from adults outside her family:

I had other adults that said you are a worthwhile human being. I can't even imagine what it would be like to live a life where you never got those messages from anybody. And so when I think about other people who have not navigated this [recovery process] as successfully as I have, I don't think, "well, that means I'm just better than them." I look at it and I think, "you know, I wish they could have all the advantages and support that I had."

Sally also described the potential for the pain of sexual abuse to lead to drug addiction or criminal behaviour, if there are not people who can provide positive messages to survivors. She noted that having experiences with other adults led her to realize that other people were different from her family; this provided a sense of hope that things could be different; they did not have to be this way. Also, by being treated differently by other adults, Sally was provided the message that she deserved to be treated better than she had been.

Both Jill and Sally also noted the importance that teachers played in their lives and in their development of self-worth. As bright and keen students, they were both liked, encouraged, and validated by teachers. Sally described being rewarded for doing well in school, and feeling better about herself because of that validation from her teachers. Jill's first positive experience with a teacher was in kindergarten, and it continued all through her schooling. Jill described having close relationships with teachers:

As bad as my family life was, I had wonderful relationships with my teachers. And I had amazing teachers period in terms of they were great teachers in what they did in the classroom. But I had very close, special relationships with a couple of teachers when I was in junior high and high school and they were tremendous

helps to me in developing my self esteem and encouraging me to do what I was called to do.

Jill thrived on the recognition and validation she received from teachers. This positive attention propelled her to do well in school:

I excelled [in school] and I think that was because it was a way of compensating for the feelings, the lousy feelings that I had at home. I could go to school and I could feel really good at school. And get approval and teachers liked me and could see something in me that my parents couldn't see in me.

Jill credited some of her academic and professional success as stemming from her reaction to the sexual abuse. She noted that by compensating through academic and professional achievement, she was able to receive consistent recognition from others and build a stronger sense of self worth. She explained that

The feeling of self-blame and something being wrong with me was still there for a long time, but at least my outer life was building some respect for me [from others] and some respect for myself by myself.

Success as a parent. The three participants who have children each referred to validation and self-worth that they gained in raising their children. Specifically, Jill noted that she felt good about the fact that she protected her son from ever being sexually abused by her father. Sally and Erin both discussed feeling some accomplishment in the fact that they have not 'passed down' the aftermath of sexual abuse to their children. Sally gained a sense of accomplishment from seeing her daughter having a healthy adult romantic relationship; she was able to protect her daughter both from being abused and from Sally's own abuse. She explained:

It's good for me to see her having a good sexual experience with someone, learning and growing together and there's no trauma. There's no baggage. I didn't feed that to her, so that's a good thing.

Similarly, Erin was also worried about 'passing down' the abuse to her daughter, and this fear was what motivated her to seek counselling and continue with her recovery. She clearly did not want her sexual abuse to affect her children:

I did think there was something wrong with me, but I said it stops here. My daughter doesn't get it. She can have her own problems, but she doesn't get it.

Erin also decided how she wanted to be as a parent and it shaped her healing process; she wanted to be fully engaged and present for her children. The impetus to be a better mother allowed her to reject her defences of emotional detachment and distancing. Erin was able to focus on learning how to function without these defences because she was determined for her children to never feel her distancing. Erin gained a sense of accomplishment that she has been able to actively work on healing from her sexual abuse, and that she has protected her children from being influenced by it.

Self-recognition and self-respect. Three of the participants noted experiences that came out of counselling that contributed to their senses of self-worth where they realized that they deserved recognition or that they deserved more or better for themselves. Jill made the insight after her psychiatrist suggested that given what Jill has experienced she could easily be far worse off in life:

She said, "you know a lot of women who've been through the kinds of things that you've been through end up in sex trade or heavy drug use and that sort of thing." And I was floored. And I recognized that what she said was absolutely accurate, and here I was a responsible professional with some success behind me, and I thought, "wow." And I thought, "jeez, maybe I should take some credit."

Erin and Sally both discussed recognizing that they are deserving individuals, and this realization empowered them to commit to standing up for themselves and demanding better for themselves. They also both had to come to trust that they were able to do this. Erin described her change:

[In the past] If there was something I didn't like, I would go with the flow, and dare not speak up because then I could face criticism or I could face somebody not liking what I had to say. So if I just kept it inside it would be fine. And I'm finding that isn't acceptable to me anymore. So that's part of my healing, is daring to say that my rights and my needs and my emotions are of equal value to anyone else's.

Having learned how to stand up for herself, Erin has gained even more self-worth and trust in her abilities. She recognizes and is proud of her new abilities:

I don't have to be an island [anymore] in order to protect myself. I'm smart enough to know who to choose to trust and who not to trust. I have a lot more confidence in my instinct and my ability.

Erin's new sense of instinct and self-protection has allowed her to form closer relationships with people in her life and take more risks, knowing that she can take care of herself.

Both Michelle and Sally have reinforced their understanding of their lack of blame, as well as their self-respect, by providing support to other survivors of sexual abuse. In their support work they have clearly seen how other survivors had no blame in their abuse. Michelle noted that providing support to others allowed her to

Look at my own situation [sexual abuse] differently. Less critically. Less judgementally. We are our own worst critics.

Sally also found that helping others has helped her. She gained insights about her own sexual abuse, and she also felt good in being able to provide hope to others that healing is possible. Michelle and Sally both found that they have something to contribute to others; they gained self-respect through being able to support and comfort other survivors.

Experiencing Support Without Blame

The second theme, of *Experiencing Support Without Blame*, encompasses those experiences the participants had where they received support regarding their sexual abuse

without any blame directed at them. These experiences reinforced their developing understanding that the responsibility was not theirs. Because all of the participants already blamed themselves to some degree for their sexual abuse, these experiences showed them that others in their lives did not; thus, challenging this belief. This theme is composed of several sub-themes, which represent the different forms of non-blaming support that the survivors experienced.

Family. Two participants discussed the important role that their families played in helping them feel supported and in alleviating some of their self-blame. Michelle disclosed to her parents about her sexual abuse when she was eight years old, and she experienced unquestioning, loving support from everyone in her family, particularly her parents and grandparents. They never echoed the blame and guilt that Michelle felt. She described their reactions:

They weren't blaming me; they weren't saying, "well, what did you do or what didn't you do?" Never once was I questioned; never once was I challenged in any way. They were always giving me a message that it was not my fault in any way, shape, or form.

Michelle never saw how deeply upset her parents were about the sexual abuse; she learned of this later as an adult. At the time, she also felt immediately cared for and protected. Once she disclosed, her parents acted swiftly, first thanking her for telling and reminding her how much they loved her, and then they went on their own to the police station to report it.

Jill's experience differed from Michelle's; however, the validation she received from family support was also very beneficial for her. Jill disclosed her sexual abuse to her sister, and at first her sister was dismissive and unsupportive. Jill found this lack of support devastating. Yet, once their father was legally charged with sexual abuse, Jill's

sister recognized the importance and effect of this on Jill, and she became a strong support. She provided Jill with non-blaming, unquestioning support, which was profoundly validating.

Because Jill was sexually abused by her father, the abuse allegations divided the family, and Jill felt hurt and blamed by each of the family members who would no longer speak with her. When Jill met with her favourite cousin and asked him how he felt about her testifying against her father at the trial, he validated her courage by explaining that he thought that it was wonderful and amazing that she had the strength to do that. Each family member who has supported Jill has validated that what her father did to her was wrong, and that she is not to blame for what happened. In addition to this positive response from her family, Jill was provided non-blaming support by her husband. She credits her husband's support and consistent reminders that it was not her fault as what gave her the strength to continue through the court process and the healing process.

Justice Process. Although two of the participants discussed the lack of validation and the frustrations that came from the minimal sentences given to their sexual abuse perpetrators, they also discussed the validation and messages of their lack of blame that came out of the justice process. In both situations the justice process recognized the perpetrator's blame in the abuse, which in turn partially alleviated the survivors' sense of self-blame.

After years of trying to get the police to investigate her father and his sexual perpetration against young boys, Jill was approached by the police for a statement. The action of the police coming to her was validation that her father had done something very

wrong, and something was going to be done about it. She explained that during the interview

I was listened to and taken seriously and at the end of the interview I said to him [the police officer], "would it be all right if I gave you a hug?" I was so grateful that finally somebody was going to take this situation seriously.

Additional validation and relinquishment of self-blame came from her father being convicted on 11 charges of sexual abuse. The convictions reinforced her father's responsibility and blame for the crimes he committed.

Michelle's experiences of non-blaming, unquestioning support were not limited to her family, but they also included her experiences with each of the individuals involved in the reporting and court processes. At the time of the abuse, Michelle and her family lived in a small town, and therefore when she went through the process of reporting her sexual abuse, she knew each of the social workers, doctors, and support workers who were involved in her case. Michelle's experiences of excellent support continued with all of these individuals. No one gave a blaming message to Michelle, and their compassion and care towards her made her feel supported and blameless.

Michelle's experience with the court process led to an admission of guilt by her perpetrator. Michelle no longer had to testify in court, and it was important to hear that her perpetrator was taking responsibility and blame for the sexual abuse.

While both of these experiences with the justice process included sentences that the participants did not feel fit the severity of the crimes that were committed, both of the participants did benefit from the convictions themselves. These convictions meant that a judge viewed their perpetrators as blame-worthy and the abuses they suffered as criminal.

Still, the negative effect of the minimal sentences that the perpetrators received should not be underestimated. Both Jill and Michelle described the injustice that they felt:

Jill: It really angers me that they couldn't do more [and keep him in jail longer] because he wasn't considered violent. Sexual abuse of children, if you're not drawing blood, is not considered violent. And it is a form of violence, obviously; it's violating, it's damaging, it's hideous. And yet the courts, with our definitions, don't consider it violent unless you're using a weapon or causing bodily harm. So that was very hard for me.

Michelle: The outcome of the court process was very angering because it turned out that not only had he sexually abused me, but there were others that came forward as a result of me coming forward ... But basically this man got a slap on the wrist, no jail time, just community service because he was a first-time offender and he was in his fifties. And as a little kid I don't think I entirely understood this. Like, I didn't understand why he wasn't going to jail because I knew it was bad what he had done.

Psychotherapy. All of the participants experienced non-blaming support from their counsellors within psychotherapy, and they each recounted that counselling was an important facilitator in overcoming self-blame and healing from their childhood sexual abuse. Michelle described a specific play therapy technique that she experienced in counselling in which her counsellor reinforced Michelle's lack of blame by emphasizing the blame that her perpetrator had. Together Michelle and her counsellor expressed anger towards her perpetrator by throwing Play-Doh balls at a picture Michelle had drawn of him. Michelle felt free to represent her perpetrator as she saw him, as an evil figure, and she felt the support from her counsellor to lay all the blame for the abuse on him.

Michelle credits counselling with much of her acceptance of her lack of blame. It was the non-blaming support from her counsellor and the work that they did together in counselling that led her to this understanding. She noted that

If I hadn't had counselling I'd be, for lack of better words, messed up. I don't think I would've been able to work through it cognitively at that age and realize

that it wasn't my fault and I'm not to blame. And that he should be taking responsibility for his actions.

Michelle noted that it was important to have someone outside her family support her and tell her that she was not to blame. She explained that

Your parents are always going to love you; they're always going to tell you you're perfect, right? But to have an outsider really confirm that and say that it really wasn't your fault, and thank goodness you came forward when you did. ... Your parents can tell you that, but really, they are your parents. You don't believe them in the same way as you can an outsider with an unbiased opinion.

Erin explained that psychotherapy provided a safe space that was necessary to confront her trauma and all her daunting thoughts and feelings about it, including her self-blame. The non-judgemental and open relationship she had with her counsellor created a space for her to heal herself:

There was twice when I left our sessions and I was brought to tears in the elevator leaving 'cause I knew I was in the – I was in the right place. Like, everything just felt so right, like this is the right journey, this is the right path, this is the right place for me to be. ... It was like there was a part of me that was just so happy to be heard, and not necessarily only by her too but by me.

Recognizing the Perpetrator's Responsibility

The third theme represents those experiences in which each participant gained insights regarding her perpetrator's blame and responsibility for the sexual abuse. Understanding the perpetrators' deliberateness and consciousness of their actions confirmed their responsibility, and simultaneously aided the participants in understanding that they did not contribute to the violations against them.

For example, Michelle gained insight regarding her own lack of blame after a sexual abuse experience by a different perpetrator. Initially Michelle was blaming herself, thinking that there must have been something that she was doing to attract the abuse, as it was happening again. But in counselling Michelle was able to understand the

perpetrators' responsibility when it was pointed out to her that not every man in her life is doing this to her. When she realized that the sexual abuse was only ever committed by those perpetrators, she was able to relinquish some of her own self-blame. She was able to understand that they were the problem, not her.

I could never sexually abuse a child. Three of the participants discussed moments of insight where they noted how incomprehensible it is to sexually abuse a child. These moments helped them relinquish their own self-blame, by realizing the blame and intentionality of their perpetrators. Jill described her moment of insight in counselling with her psychiatrist:

I was talking about the abuse and I remember saying something about "well, you know, it wasn't really all that bad, you know, the comparative scale of what kind of abuse is worse," and she said to me, "so would it be all right for you to treat your son like that?" And I was horrified! It was really a two by four to the side of the head kind of. Inside I was like, God, NO! It was SO clear. No, that would not be okay. And – it was like oh. Okay, well, if it's that wrong, if it would be that wrong if I did it to my kid, yeah, it WAS that wrong for it to be done to me. That was key for me.

Erin was also able to have this insight when considering her own child. Erin described her experience of looking at her four-year-old daughter:

When I give her a bath or something I think how beautiful she looks. I think, "wow, you know, what kind of twisted mind would want to sexually abuse a child -- other than maybe wanting to destroy that beauty or something like that?" I think of her innocence, I can SEE her innocence, and I just – well, first of all I want to protect it.

Seeing her own daughter's innocence and beauty reinforced for Erin that committing sexual abuse is deliberate and wrong. Erin's impulse when faced with her daughter's innocence is to want to protect it. This is drastically different than what her perpetrator did to her. Hence, she realized that the sexual abuse was not because of her, it was because of her perpetrator's incomprehensible desire to hurt someone vulnerable and

innocent. While Erin cannot begin to understand why someone would commit a sexual assault, this insight has furthered her understanding of the perpetrator's blame and responsibility.

Sally came to recognize her father's blame for the sexual abuse by seeing a picture of herself at age four, when her abuse began. She was given this photograph of herself a few years ago by one of her siblings. She described her reaction when she sees the picture: "I look at that little girl and I just think, 'how could anybody do that to that child?'" The picture reminds Sally of her own innocence, vulnerability, and blamelessness. It is clear to her that child sexual abuse is completely unnatural, and it was her father's decision to do that to her.

He was the adult. Michelle notes a slightly different type of insight regarding her perpetrator's responsibility. She described the insight that she had in counselling as a child while she was working through her self-blame for the sexual abuse:

At the time I definitely took it on my shoulders a lot more and really felt like there was something I could have or should have done or whatever. And then it was definitely the counselling that helped me get over it and realize this wasn't my fault. In counselling I realized that he was fifty years older than me; he was an adult. HE is the one that should have known better regardless. HE's the one that's responsible for it.

Recognizing his responsibility and the betrayal that she experienced led Michelle to begin to feel a great deal of anger directed at her perpetrator:

In counselling I realized how wrong the abuse was. Because this was somebody that I supposedly loved and that I was close with. Like a grandparent. So when I was going through counselling and realizing how bad it was, you know, and how wrong it was of him and how unfair it was, THAT's when I experienced anger.

Each of these moments in counselling helped Michelle understand how she was let down by an adult who was responsible for her well-being. She came to see how as the child in

the situation, she was not to blame for what happened. Michelle's anger towards her perpetrator confirmed that she recognized his wrongdoing.

Similarly, Sally diminished some of her own self-blame by recognizing that she and her brother were young children when her father sexually abused them. Sally tried to understand her father's perspective and motivation for what he did, and this only reinforced his responsibility. She could objectively see that she and her brother were "such small people." It made her recognize that she had absolutely "nothing to do with it." The abuse was completely her father's doing.

Understanding a Child's Perspective

The fourth theme explores those experiences in which the participants came to understand or remember what it is like to be a child. The experiences provided them with the perspective children have, the limitations in children's thinking and abilities, and the innocence of children. By understanding the thoughts and limitations that children have, the participants were able to relinquish some of their self-blame for their sexual abuse.

Children's view of adults. Two of the participants discussed remembering how they viewed adults when they were children. Michelle explained that as a child she was confused by what to do about the sexual abuse, because her perpetrator was someone that her parents clearly trusted:

At four or five, six years old, you think, "well, they're adults; they should know better. Or they know what's right; they know what's wrong," you know? You don't realize that there are bad people out there that do bad things necessarily.

This recognition that children take their cues from adults as to what is right or wrong helped Michelle understand that it makes sense that she was confused about what to do about the sexual abuse when it was happening. This helped address some of her self-

blame regarding the abuse continuing and her not disclosing it to her parents for several years.

Erin made a similar realization regarding how children depend on adults. She described some of her self-blame and this insight:

I've thought about that a lot and it took me a little bit to forgive myself, I guess, for not taking myself out of that dangerous situation. You know, I was like, "why didn't you do something to stop it?" I mean, I guess the parent side of me: "Why didn't you kick him or hit him or run or scream or something?" you know. "Why didn't you defend yourself?" But just understanding that, you know, as a child you just sometimes just don't know. You rely on the adults and the people who are caring for you to protect you and take care of you.

The realization that as a child one depends on adults for protection allowed Erin to stop questioning why she did not protect herself. Her questioning was from an adult perspective, and by taking a child's point of view she was able to accept her reactions, and the reactions she did not have, to the abuse.

Children's limited understandings and abilities. Two of the participants discussed how realizing children's limitations helped them understand their own lack of blame for their sexual abuse. Sally noted that when she acknowledged that she was only four when her abuse happened, and what it means to be four years old, she also recognized that a child cannot make the decision to participate in sexual behaviours. Conceptualizing what it is to be a four-year-old made her realize that she had nothing to do with her abuse. She noted: "How could a four-year-old contribute to that? They just can't. And then the light goes on. You just can't."

Erin gained an understanding of children's limited ability to control their emotions and their limited understanding of the world from her own daughter, who is the same age as Erin was when she was sexually abused. Erin recognized how much she was

looking back at her abuse not fully acknowledging that her understandings were very different at age four. Recognizing children's limited cognitive skills has also allowed Erin to acknowledge how well she coped with the sexual abuse:

Having a four-year-old daughter has shown me where I would have been – I look at what she has in her skills and her knowledge, and I think, “well, I would have had something comparable.” And then I think, “well, I did a damn good job processing something that big and that scary because it’s like I didn’t have much to work with.” ... I was dealt this and I do think I did a really good job in handling it. You know, I can look at her and I can have a better idea of what it is to be four. And appreciate a little better about, you know, where I have been and where I am now.

Once she understood her own limitations at age four, she was able to accept her actions:

“I did the best that I could to protect myself then based on what I knew. Now I can take it easier on myself, and deal with what is left of the sexual abuse now, as an adult.”

Reconnecting to the Feelings and Needs of the Sexually Abused Child Within

The three participants who remembered their experiences once they were adults each discussed the importance of reconnecting to the child that they were and to the feelings that they had when they were sexually abused. As a way to cope as children, the survivors had to hide or ignore many of the feelings that they had. By reconnecting to the feelings, the participants both acknowledged the devastation that the perpetrator caused as well as provided comfort to the children within them that they had never received.

Jill explained that when she came to a place in her healing process where she was able to feel what she felt as a child when she was sexually abused, she was incapacitated by the intensity of the feelings. She was unable to participate in her typical life activities. Instead she found herself, for hours at a time, sitting on her couch curled up with a blanket. She explained: “I was so frightened, so insecure, so devastated, that I couldn’t function.” By allowing the emotions to be expressed and by yielding to her needs to be

comforted and acknowledged, Jill was able to provide herself with the soothing and love that she did not receive as a child.

Similarly, Sally felt that a very important part of her healing was the process within therapy of using hypnosis to allow herself to go back and feel the feelings that she felt as a child. She was able to acknowledge and express her feelings, as well as provide love and words of comfort to herself. Her psychologist would encourage the adult side of her to provide the support that the child within her needed. Sally explained that

What the psychologist did, is get me to re-mother myself. Like, be myself as an adult and myself as a child and what would you want to say to that child. And of course the things you want to say to them is "there's no way you had anything to do with this. You couldn't. You're four years old. You don't even know what's going on, you just know it's wrong, right?"

Erin was also able to experience her childhood feelings during psychotherapy. Her counsellor used body mindfulness exercises while working with Erin for much of her healing work regarding her sexual abuse. Erin found that the body-focused therapy allowed her to overcome her detachment and reconnect to feelings about the abuse.

The body work opened up that [feeling] part of me that I've ignored for so, so long. At the core of how I handled the [sexual abuse] experience was just not feeling. And, you know, I don't think you can shut off bad feelings and keep good feelings; I think you just shut them all off. So it was just like, okay, I know I'm sacrificing good feelings but because I can't risk feeling bad, they'll all go. And I'll just stay in my head and, you know, I'll just kind of hang out here. ... So the body mindfulness allowed me to connect further to my feelings that I had after the abuse, and it helped me recognize my feelings now. So, I have found the body mindfulness quite comforting. You know. It's nice to connect with that place again, connect with that child part and be comforted.

Erin was also able to reconnect to the child that she was, and the feelings that she had after the sexual abuse, by seeing a picture of herself as a child at the fair. She described looking through the photos of herself at the fair:

There was this one shot that I looked at my face and I went, "oh my God, it would have just happened." Just the expression I had on my face, you know; it was just that sadness. Like, here I'm at a fair, I'm riding this ride, and I had this horribly, sad look on my face. It was just like, you know, it was awful. And, it hit me then. I remembered what it must have been like, again. Probably with my parents thinking, "oh, she needs cheering up; let's take her to the fair or something." And it was just the last place in the world I wanted to be. And it struck a chord; I could remember the feeling.

Remembering and re-experiencing the feeling of sadness she had after the sexual abuse allowed Erin to see the effect that it had on her as a child. It made her recognize that much of her childhood was robbed from her by this experience. She realized that she was forced to grow up too fast, and she was able to see that it was the perpetrator's doing; she connected to her loss of innocence and loss of childhood that he took from her. Feeling the sadness that she felt as a child reaffirmed her lack of willingness and responsibility for the sexual abuse.

Erin noted that she reacted by developing strong self-protective mechanisms:

I think I developed a very strong parental side. I was very protective of the child in me – you know, even to the point of not letting her play or, you know, just relax or whatever. Since [the sexual abuse] there has been a very strong – logical defensive parental side in me. And what I am working on more is a bit more of a balance. Letting this child speak and play and engage and be. And I think – I know it sounds third person – but I think, "she needed that protection before but now her voice is getting much stronger," and it's just my parent side realizing that I need to, you know, not be so worried.

Erin was able to understand that the coping mechanisms and defences that were created to protect her were created out of the assumption that she should have been able to prevent the sexual abuse or protect herself. By allowing her inner child to be freer, she is acknowledging her lack of blame for being abused.

Summary

The findings in this study emerged from in-depth interviews with four female adult survivors of childhood sexual abuse. The common elements between the participants' accounts were developed into themes that encompassed their shared experiences and processes. The participants' interviews indicated that they had had five overarching types of experiences that facilitated their processes of overcoming the self-blame they felt for their sexual abuse.

Each of the participants, in her own way, was able to overcome self-blame by having experiences of: (1) gaining self-worth and validation as a worthwhile human being, (2) experiencing support without blame, (3) recognizing the perpetrator's responsibility, (4) understanding a child's perspective, and (5) reconnecting to the feelings and needs of the sexually abused child within. The participants all discussed how these experiences contributed to the process of relinquishing their self-blame for their sexual abuse. This healing came after each participant underwent a period of intensive processing of her sexual abuse and assimilating her new experiences.

Although the participants are each a model of human resilience and healing in the face of trauma, they are not without any remaining effects from their experiences. They each indicated that they do not feel that the emotional scars from sexual abuse ever fade completely. Still, they referred to their healing processes as important parts of their lives, and two participants noted that they did not know if they would change what happened to them in retrospect, because they have learned and grown so much by engaging in this process. As Herman (1992) notes in her classic text *Trauma and Recovery*, trauma

survivors are changed forever; however, they have a new appreciation and view of life because of their experiences:

The survivor who has accomplished her recovery faces life with few illusions but often with gratitude. Her view of life may be tragic, but for that very reason she has learned to cherish laughter. She has a clear sense of what is important and what is not. Having encountered evil, she knows how to cling to what is good. Having encountered the fear of death, she knows how to celebrate life. (p. 213)

CHAPTER FIVE

DISCUSSION

The purpose of this study was to explore the experiences of survivors of childhood sexual abuse in their processes of overcoming their self-blame for their victimizations. The participants identified experiences and insights that allowed them to relinquish some of their self-blame. While each participant's specific experiences and insights were unique, the shared elements were described by overarching themes. These findings suggested that survivors' experiences of overcoming self-blame take place (a) in relationship with others, (b) through changes in perspective, and (c) through a reconnection to the self. Research specifically about overcoming self-blame after sexual abuse is limited; however, preliminary examinations and discussions of self-blame are found within the research and clinical literature on recovery from sexual abuse. Within the following section these findings are explored in the context of the current research literature.

Overcoming Self-Blame in Relationship With Others

With or without conscious memories of their sexual abuse, survivors may grow up feeling that they are different than others and that they are less worthy. This can stem from what Janoff-Bulman (1979) described as characterological self-blame, where survivors feel that there must have been something deeply wrong with them to have warranted being sexually abused. Congruent with the descriptions of characterological self-blame in the literature (e.g., Cody & Woolley, 1997; Jehu, 1989), the participants in the present study found that feeling bad, dark, different, and unworthy burdened them before and after they remembered that they had been abused; their characterological self-

blame persisted with or without knowledge of their abuse experiences. These feelings of being less worthy than others lead to an overall lowered sense of self-esteem, a common symptom of sexual abuse (Feiring et al., 1998; Hoagwood, 1990; Lev-Wiesel, 2000; McMillan & Zuravin, 1997).

Overcoming a broad sense of 'unworthiness' and inherent 'badness' requires experiences that contribute to one's sense of self-worth. Children's beliefs that they are unworthy or inadequate can be challenged by positive, loving, affirming experiences with adults. As indicated in this study, the development of a sense of inner value can begin with positive interactions with adults. The importance of a connection with a supportive and competent adult has been previously observed within the resilience literature (Masten et al., 1990; Southwick et al., 2006). Specific to sexual abuse survivors, Valentine and Feinauer (1993) found that emotional support from outside of one's family was a common resiliency factor.

Achievements are another way that children can gain recognition and validation from adults, particularly teachers. In the present study, the participants found a way to combat their sense of low self-worth and begin to build a sense of competency through academic achievement. These findings are consistent with previous work that found that competence, particularly academic success, was a resiliency factor for sexual abuse survivors (e.g., Bogar & Hulse-Killacky, 2006). Bogar and Hulse-Killacky concluded that these successes at school acted as a respite from abuse experiences. Achievement also provides opportunities for different messages to be given to survivors; messages which counter the messages they received from the abuse experiences. In the present study the

participants noted that their achievements were typically accompanied by validation and approval from others; they were accompanied by messages about worth and goodness.

It has been noted that female survivors often credit relationships with others as their motivation for healing or creating change in their lives (Banyard & Williams, 2007). The survivors in the present study found that guidance and validation from adults fostered the growth of their self-worth, as did their relationships with their children. In contrast to Oz and Ogiers (2006), participants gained a sense of competence both as a result of protecting their own children from being abused and as a result of not damaging their children with their abuse. Their children were also motivators in their growth and recovery; recovery was pursued more actively out of a desire to be better mothers.

In addition to characterological self-blame, behavioural self-blame, where one blames her past behaviours or behavioural omissions for the sexual abuse, is also commonly experienced by survivors (Arata, 1999; Frazier, 2003; Janoff-Bulman, 1979). Survivors question themselves regarding how they might have prevented or stopped their abuses. This type of self-blame leads survivors to ruminate on both how they might have acted differently, as well as how they should behave in the future (Janoff-Bulman). It can also be accompanied by self-condemnation and self-punishment.

Within a culture that commonly blames sexual abuse survivors for their own victimizations (Janoff-Bulman, 1992) it is particularly notable when survivors receive support without being held responsible for the abuse. These experiences also contrast with survivors' own self-blame and their sense that they deserve to be blamed. Unquestioning, loving support allows survivors to feel cared for and validated. It also emphasizes the perpetrator's responsibility for the abuse. McMillen and Zuravin (1998)

outlined two other potential reasons why this type of support may decrease self-blame. They suggested that supportive others may directly discourage self-blame, or that they may provide a type of support that fosters a sense of self-worth in survivors; this would decrease survivors' self-blame by engendering a feeling that they are good people who did not deserve to be victimized.

This is congruent with what the participants in the present study noted to be beneficial about familial support. While the survivors may have been questioning themselves as to why they did not resist the assaults more, or why they did not disclose sooner, their actions were not scrutinized by their supporters. By refraining from asking blaming questions regarding the survivors' actions, the family members did not reinforce the survivors' behavioural self-blame. This type of support suggests to the survivors that their behaviours, or lack of behaviours, are irrelevant; it suggests that they are not responsible for what happened. The power of family members to influence survivors' sense of self-blame and overall well-being was demonstrated in a different fashion by participants who discussed unsupportive family members who did not believe that the abuse took place, or who acted as though the abuse did not happen. These experiences were hurtful and invalidating. The overall importance and power of supportive relationships has also been noted in the research (Glaister & Abel, 2001) and cannot be underestimated.

The criminal justice process provides opportunities for validation and reiteration of survivors' lack of blame. This is not commonly noted within the literature, nor in clinical accounts of survivors' experiences, likely because survivors commonly confront invalidating and blaming messages within the justice process (Janoff-Bulman, 1992;

Westcott & Page, 2002). In the present study, experiences of unquestioning support from social workers, police officers, and doctors, as well as convictions of the perpetrators following the charges of sexual abuse, were all validating experiences that sent messages to the survivors that the responsibility for the offence did not rest with them. Convictions, particularly, indicated that the perpetrators' blame and responsibility had been acknowledged at a societal level by an important authority figure.

It is expected, however not guaranteed, that survivors will receive support without blame or questioning in psychotherapy. The importance of this type of support was conceptualized by Carl Rogers' (1957), in his descriptions of unconditional positive regard for clients, and it has been further expanded and researched by many others (e.g., Hubble, Duncan, & Miller, 1999; Martin, 2000). As Rogers explained, it is within a relationship that is free of judgement that clients can fully explore, process, and heal. From the participants' accounts, this type of relationship with their counsellors was important and facilitative in overcoming their self-blame; the non-judgemental, supportive, non-blaming relationships that they had with their counsellors allowed for a safe emotional space in which to face their sexual abuse issues. Other research has similarly demonstrated the importance of a supportive relational experience within therapy in which survivors can gain a different understanding of the abuse and of themselves (Harvey et al., 2000). More generally, the powerful role of psychotherapy in the resilient functioning among adult survivors has also been documented (Bogar & Hulse-Killacky, 2006). Valentine and Feinauer's (1993) study suggested that emotional support from outside of the family is an important factor for sexual abuse survivors. Support from a counsellor may be seen as less biased and more objective; the

counsellor's reiteration of a survivor's lack of blame may be more credible than that of her parents or other family members.

Similar to receiving support, providing support to other survivors was found to have a beneficial impact. Hearing the stories of other survivors, without assigning them blame, can allow survivors to view their own experiences differently (Poorman, 2002). Understanding that other survivors are not to blame for the victimizations can reinforce one's own lack of blame. In addition, survivors can gain self-worth from being able to help and support others. Poorman's study of thriving survivors of abuse found that not only did female abuse survivors benefit from supporting others, but that contributing to the wellbeing of others facilitated their own thriving.

Overcoming Self-Blame Through Changes in Perspective

In both types of self-blame, characterological and behavioural, survivors consider how they contributed to their abuse experiences. When survivors contemplate how they might have caused or prevented their sexual abuse as children, they are not acknowledging the limitations of children. By examining their abuse situations from different perspectives, including that of a child being abused or an adult committing abuse, they can gain clarity regarding who is responsible for the abuse.

While research has indicated that self-blame and perpetrator-blame are independent factors within survivors' conceptualization of responsibility for sexual abuse (Dalenberg & Jacobs, 1994), in the present study, increased understanding of the perpetrator's blame facilitated the decrease of self-blame. Recognizing that the perpetrator was deliberate, conscious, and calculating in his actions confirmed his responsibility for the abuse. Godbey and Hutchinson (1996) also found that assigning

responsibility for the abuse solely to the perpetrator was a factor identified by adult survivors that facilitated their healing.

Reflecting on child sexual abuse from the perpetrator's perspective, or from an adult's perspective, can provide clarity regarding the perpetrator's deliberateness and control over the situation and the survivor's own innocence and vulnerability as a child. In the present study, major insights regarding the perpetrator's responsibility for the abuse came to the participants when they contemplated how incomprehensible it is to sexually abuse a child. These insights lead to a shift in the participants' understandings of why the abuse occurred. It can highlight how children have nothing to do with the abuse; it is the adult who commits the crime. This shift in perspective allows for the construction of meaning about the abuse that is less damaging to survivors because they are not implicated in the blame (Bogar & Hulse-Killacky, 2006). This type of change in understanding has been described as monumental for survivors because the shift to an understanding that accurately places the blame for the abuse on the perpetrator frees the survivor to develop a more accurate meaning of herself in the world (Harvey et al., 2000).

Recognizing the perpetrator's responsibility for abuse allows survivors to see that they had suffered because of another individual's disturbances. This shifted understanding of the abuse forces survivors to recognize their lack of control and contribution to the experiences. Valentine and Feinauer (1993) found that survivors benefit from these types of realizations, as they are freed of their self-blame by seeing the events as events and not as consequences of their behaviours. Being freed of self-blame also frees survivors from the negative thoughts and feelings contributing to their lowered

senses of self worth. Research has noted that increased perpetrator-blame is correlated with increased self-esteem (e.g., Hoagwood, 1990; Lev-Wiesel, 2000).

Just as it is potentially beneficial for survivors to take the perspective of an adult in a sexual abuse situation in order to gain understanding of the adult's role and responsibility, it can also be beneficial for them to consider the perspective of the child (Cody & Woolley, 1997; Hall & Lloyd, 1993; Weiner & Robinson Kurpius, 1995). While they were the children who were abused, when survivors recall their experiences they may not acknowledge that they were limited by a child's understandings at the time. Survivors' sense of self-blame can be challenged by experiences that remind them of children's perspectives, limitations, and innocence.

In the present study, participants benefited from experiences that reminded them how children defer to, and trust, adults. Children depend on their protection (Celano, 1992). They assume that adults know what is right and wrong and are looking out for their best interests. In addition, according to Piaget's (1965) theory of moral development, young children see adults as all-powerful and all-knowing; adults are the judges who hand out rewards and punishments. Their rules and their rewards and punishments are not regularly questioned (Nobes & Pawson, 2003). By remembering how children view adults, depend on adults, and defer to adults, the participants were able to overcome some of their behavioural self-blame; they were able to see why they did not question the abuse or seek help from others.

Further challenges to self-blame can come from recognizing children's cognitive and emotional limitations. When survivors acknowledge what it means to be a small child, they are forced to recognize that they could not have contributed to the sexual

interactions. Survivors can come to recognize children's limitations through interacting with children or from photographs of themselves as children (Hall & Lloyd, 1993; Weiner & Robinson Kurpius, 1995). In their study of psychotherapists who commonly work with survivors of sexual abuse, Cody and Woolley (1997) found that these therapists emphasized the benefits for clients of seeing themselves as a child in context. Acknowledging that they were small children at the time of the abuse leads to experiential learning and new meanings for survivors. For one participant, seeing herself as a child in context allowed her to realize that she did the best she could to protect herself, based on what she was capable of at the time. This insight led her to stop blaming herself for not having done more.

Overcoming Self-Blame Through Reconnection to the Self

When survivors are able to see themselves as a child in context, they also have the opportunity to reconnect to what it felt like to be that child. They can feel those emotions that stemmed from the abuse that may not have been fully expressed nor acknowledged by adults. Many survivors do not disclose their abuse experiences to anyone when they are children (London, Bruck, Ceci, & Shuman, 2005), and even those who do disclose do not always receive the protection and support that they need. Reconnecting to the emotions of the child within allows for the full acknowledgement of the impact and devastation that the abuses had on them, as well as the opportunity to provide comfort and reassurance to themselves, fulfilling a need they had as children.

It has been noted that adult survivors of childhood sexual abuse commonly experience emotional numbing and emotional detachment (Briere, 1992; Marx & Sloan, 2002; van der Kolk, 1996). Research on the expression of emotions regarding traumatic

events has found benefits, including increased psychological well-being and decreased health complaints (Richards, Beal, Seagal, & Pennebaker, 2000; Smyth, 1998). The participants in the present study who had not processed their emotions as children benefited from reconnecting with and expressing their emotions regarding the abuse. For each of them it was important to feel the emotions fully, and then provide support and comfort to the child part of themselves that felt this way. They provided themselves with both the soothing and the reassurance they had not received as children.

A similar process was described by the psychotherapists who participated in Cody and Woolley's (1997) study. They noted the effectiveness of connecting to the child within, but maintaining an adult perspective, so that the survivor can achieve both catharsis of the feelings and awareness of damaging meanings that are present. Two of the participants described the therapeutic techniques that allowed them to have their adult-selves comfort their child-selves: one benefited from hypnosis and the other from body-focused psychotherapy. These techniques aided them in overcoming their detachment from feelings, and provided the dual perspective so that they could comfort themselves.

Another benefit of feeling the emotions associated with being victimized is that they can demonstrate the profound influence that these experiences had on them as children. In feeling these intense emotions, such as profound sadness, survivors can be reminded of their lack of willingness to participate in the abuse and confirm their lack of responsibility for the sexual violations.

Actively pursuing healing has been found to be a resiliency factor in adult survivors: specifically, consciously working towards healing and taking responsibility for

one's own recovery are associated with resilience and thriving after sexual abuse (Bogar & Hulse-Killacky, 2006; Poorman, 2002). Consistent with this, all of the participants in the present study actively engaged in their recovery processes. Out of their successes, they were able to gain further self-respect as well as self-recognition. They realized that they had accomplished something difficult and that they deserved credit for this accomplishment. The survivors gained confidence and a sense of self-efficacy from facing adversity and successfully navigating a difficult recovery process (Poorman). Through this process survivors re-established an inner-directed locus of control and each gained confidence that she will be able to continue to effect positive change within her world (Valentine & Feinauer, 1993). Hence, the recovery process itself can contribute to a survivor's sense of self-worth.

Summary

The participants' self-blame was multi-faceted, and hence it took determined effort while navigating through a range of experiences to allow them to overcome it. Their processes of overcoming self-blame are reminiscent of Barringer's (1992) description of the survivor's healing process from childhood sexual abuse. She describes this process not as linear but "as a spiral, as a repeated transversing of the issues, layer by layer, piece by piece, sorting and resorting, until the toxicity of the abusive experiences has been released" (p. 15).

The participants' processes in the present study were fuelled by positive, safe relationships with others and turning points similar to those described by Harvey et al. (2000). The turning points provided different perspectives to the survivors, through which they were encouraged to question the ways that they had previously made meaning of the

abuse. As Harvey et al. point out, these shifts in understanding slowly modify survivors' self-blame to an accurate blaming of the perpetrator.

The current research literature on recovery from sexual abuse and resiliency after trauma supported the findings from this study. It appears that many of the factors which facilitate the general recovery process also contribute to overcoming self-blame. However, the present study provided further insights into how self-blame could be addressed specifically.

Implications for Counsellors

In counselling survivors of sexual abuse, the client's sense of self-blame is likely to be an important target of treatment, given that it has been shown to have several negative consequences (Weaver & Clum, 1995) and that overcoming it has been shown to be an essential element of the recovery process (Valentine & Feinauer, 1993). The results from the present study support the current literature on overcoming self-blame within counselling, as well as provide some additional insights from the survivors' perspectives that may be useful to counsellors.

A trusting, positive relationship between the therapist and client is an important foundation to a therapeutic environment (Hubble et al., 1999; Martin, 2000; Rogers, 1957) where something as threatening as self-blame for victimization can be addressed (Cody & Woolley, 1997). Moreover, clients who experience self-blame are likely to be sensitive to any messages of responsibility and blame that are communicated by therapists. Survivors' own judgements of themselves make them particularly susceptible to being influenced by the judgements of others. Counsellors should be aware of the potential impact of subtle messages of blame that can be conveyed with comments or

questions that address the survivor's actions during the abuse; for example, "how did you fight back?" or "why did you go with him?"

In addition, the benefits for survivors of positive relationships with adults and mentors suggest that counsellors should encourage clients in fostering interpersonal relationships with supportive others outside of counselling. This may require that counsellors focus on helping to remove barriers to emotional intimacy and build the capacity to trust others, so that meaningful relationships can be formed (Oz & Ogiers, 2006). Dolan (1991) outlined how supportive relationships that are present in the survivor's life can be utilized within the therapy process to further healing, as well as how counsellors can help clients access support and validation from past relationships.

Given the importance of survivors receiving support without blame, counsellors should consider playing a role in improving the support that survivors are provided by others. When parents, siblings, partners, and other supporters of survivors are included in the counselling process, therapists can discourage them from communicating any blame towards the survivor. They can be encouraged to avoid scrutinizing the survivor's actions during the abuse. Discussing the dynamics of abuse, as well as common myths and misconceptions about sexual abuse may also aid supporters in understanding their loved-one's reactions to their experience.

Overall, enhancing a client's sense of self-worth is an important part of challenging their characterological self-blame that arises following the abuse. Dolan (1991) outlined how counsellors should identify and utilize the client's resources, as a method of establishing a sense of hope and stability. By empowering the client's ability

to cope using her own existing resources, she can gain a sense of accomplishment and ability.

The client's specific strengths and skills should also be highlighted and further developed within therapy in an effort to build the client's sense of self-worth. These strengths will be unique to each client. Particular gains may come from noting strengths in areas that are commonly weaknesses for survivors. For example, typically the focus within the literature on survivors as parents highlights the additional difficulties that they may face (e.g., Hall & Lloyd, 1993; Oz & Ogiers, 2006); overcoming these difficulties should be noted as a significant success. In addition, the potential increase in self-worth that can come from parenting suggests that a focus on parenting skills and setting survivors up to be successful parents may be relevant for some survivors' counselling.

Therapy can significantly contribute to survivors' processes of overcoming self-blame by facilitating insights and experiences that help shift their attributions. The value of recognizing the perpetrator's blame for the abuse is emphasized in the clinical literature which advocates focusing on the perpetrator's responsibility for his criminal acts (e.g., Bass & Davis, 1992; Briere, 1989). Exercises and experiences where clients are encouraged to consider what it means to sexually violate a child may help clients see how perpetrators are responsible for abuse. Similarly, when clients are helped to see the vulnerability and innocence of children, they may be able to see their own innocence as a child. Hall and Lloyd (1993), as well as Weiner and Robinson Kurpius (1995), advocate the use of photographs or examples of other children to demonstrate the vulnerability of children and how they rely on adults. Hall and Lloyd also suggest asking questions that

inadvertently emphasize the survivor's own vulnerability at the time of the abuse, such as "How tall were you? How tall was the abuser?"

Emphasizing children's thinking patterns and their cognitive limitations can also be used to address and alleviate the client's sense of behavioural self-blame (e.g., Briere, 1989). Recognizing children's limitations may help survivors understand why they reacted to the abuse the way they did. Counsellors can use examples of children in their clients' lives, or they can describe the developmental limitations of children, to relieve clients of their behavioural self-blame.

Another type of shift in perspective that may facilitate survivors own understanding that they were not to blame for their victimizations is through supporting other survivors. By seeing how others were not to blame for what happened, survivors may be able to recognize that they too were innocent. Hence, forums such as group therapy for survivors may have an additional benefit in addressing self-blame, given that they provide opportunities for survivors to support each other.

Therapeutic exercises, such as body-focused psychotherapy or EMDR, that rely less on verbalization of the internal experience of the client have been noted to be beneficial in the treatment of trauma (van der Kolk, 2004, 2006). In treating self-blame for trauma they can also be useful. A shift in perspective can also come from experiential exercises, where clients are guided to focus on their own internal experience. Through these types of techniques, clients can learn to acknowledge and accept their thoughts and feelings, as well as tolerate and moderate their reactions to the abuse. They can learn both self-awareness and self-regulation. Once clients become aware of how the abuse and their self-blame continue to affect them in the present, they can be guided through other

experiences and techniques to facilitate new ways of being and personal mastery (van der Kolk, 2006).

Experiencing the emotions associated with a trauma has long been noted as an important aspect of overall healing (e.g., Briere, 1989; Fosha, 2000; Greenberg, 2008; Herman, 1992; Pennebaker, 1997). It is also important in diminishing self-blame, as reconnecting to the emotions regarding their experiences allows survivors to fully acknowledge the devastation the perpetrator caused. After establishing their client's sense of stability and emotional safety, therapists can guide their clients to feel the full effect that the abuses had on them as children. By pairing this intense emotional experience with the understanding that the perpetrator was responsible for causing this pain, therapists can help highlight for survivors how they were wronged. In addition, by reconnecting to the feelings and who they were as children, survivors are provided the opportunity to comfort themselves as the innocent and vulnerable children that they were. This dual perspective has been noted to be beneficial in overcoming shame by Cody and Woolley (1997), who described the importance of contextualizing the abuse, by maintaining an adult perspective while re-experiencing being the child who was hurt. The benefits of these experiences in facilitating the process of overcoming self-blame for the participants in the present study suggests that this type of exercise can be used effectively in the treatment of self-blame.

Considerations for Future Research

This preliminary qualitative investigation into the facilitative experiences in overcoming self-blame for sexual abuse has provided an in-depth examination of four survivors' perspectives. Further study of the processes of overcoming self-blame is

needed, given the detrimental impact of self-blame and its crucial role in the overall recovery process. Other qualitative studies, with larger sample sizes, male and female participants, and participants from varying cultural backgrounds, are needed to add to the voices of survivors that have been documented within this study. Potentially other facilitative experiences can be identified, further advancing our understanding of this complex process. The subtleties of this process should also be further examined by comparing survivors who grew up with the knowledge that they were sexually abused and those who only remembered the abuse as adults. In addition, research specifically focussed on facilitating the process of overcoming self-blame within a therapeutic context could contribute further to clinical practice.

Conclusion

Self-blame for sexual abuse has a profound impact on survivors, and overcoming it is an essential part of a successful recovery process. As the facilitative experiences of overcoming self-blame has not yet been explored within the research literature, this study seeks to provide a preliminary exploration of the experiences of survivors. Thematic conceptualizations of overcoming self-blame emerged from the participants' collective stories and provided initial insights into the experiences that have allowed these survivors to abandon their self-blame. These experiences did not encompass the entirety of the process; they were elements of the larger, non-linear process that was fuelled by the participants' inner strength and determination. With these stories, the first steps along the path to understanding this complex process have been taken.

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Appendix A

Recruitment Handout

***Overcoming self-blame for
childhood sexual abuse***

Many adults who experienced sexual abuse in their childhood still feel that they were somehow to blame for this abuse. Although survivors are not to blame for any abuse they have suffered, this feeling of self-blame is very common and persistent. Unfortunately, self-blame is also very detrimental and can lead to serious consequences including increased feelings of depression.

My name is Tatiana LoVerso, and I am a Masters Student in the Counselling Psychology program at the University of Alberta. My interest in self-blame was born out of my six years of work at the University of Alberta Sexual Assault Centre. It was there that I supported many adult survivors of child sexual abuse, and recognized the devastating impact of the self-blame they felt.

I am currently doing a study to understand how survivors overcome their self-blame for their abuse. I hope that by learning more about how people overcame their self-blame I can provide new knowledge on how to facilitate the healing of self-blame to counsellors and other practitioners who support survivors of sexual abuse.

It is also my hope that those who partake in this study will also gain further insight into their own experience of overcoming self-blame.

If you are interested in learning more about this study, please, call me, Tatiana, at 433-9171 or email me at tloverso@ualberta.ca.

Thank you for your interest in my study.

Appendix B

Information Letter to Participants

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Information Letter

Project Title: Experiences of overcoming self-blame among adult survivors of childhood sexual abuse.

Principle Researcher: Tatiana LoVerso

Research Supervisor: Dr. Robin Everall

To Research Participant:

Thank you for your interest in participating in this study. The purpose of this research is to explore the experience(s) of overcoming self-blame among female adult survivors of childhood sexual abuse. This information could benefit other survivors, as well as counsellors and other helping professionals providing support services to survivors of childhood sexual abuse. I am doing this research as the thesis component of my master's in Counselling Psychology at the University of Alberta. As I have mentioned earlier, my interest in studying self-blame in adult survivors was born out of my six years of work at the University of Alberta Sexual Assault Centre. My hope in conducting this research is that by participating you will gain further insights into your own experiences.

A description of what your participation in this study would entail and the precautions that will be taken to protect your privacy are described below.

If I decide to participate, I understand that:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.
2. I will participate in one, or possibly two, interviews that will be audio-taped and transcribed. The interviews will be held at the University of Alberta, Education Clinic and will be approximately one and a half hours in duration. The style of the interview will be conversational and the topic will be on my experiences of overcoming self-blame regarding my childhood sexual abuse.
3. After each interview, transcripts of the interview will be given to me for review in order to verify the accuracy of the transcript. Any portions of the transcript that I do not want included will be removed. In addition, preliminary findings will also be shared with me for my review and I will be invited to provide feedback on these findings.
4. This research will provide new knowledge about the experiences that facilitate overcoming self-blame in adult survivors of childhood sexual abuse. While it is not anticipated that I will experience distress, some people find discussing topics related to

their sexual abuse difficult. If I become distressed, I will be provided with referrals to low or no cost counseling agencies in my community.

5. I will be given a copy of the final research report.
6. All of my information that is collected (for example transcripts and audiotapes of my interviews) will be labeled so that my name is not associated with them. In addition, all of the tapes, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.
7. Any research personnel, such as a transcriber, that may be involved in the study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants.
<http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm>
8. The findings from this study will be compiled into a thesis, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Thank you for considering participation in this study. If you choose to be involved in this study, please contact me at (780) 433-9171 or email me at tloverso@ualberta.ca to indicate your interest. Also, if you have any questions or would like more information, please contact me or my research supervisor.

Principle Researcher:

Tatiana LoVerso
University of Alberta
Department of Educational Psychology
(780) 433-9171

Supervising Researcher:

Dr. Robin Everall
University of Alberta
Department of Educational Psychology
(780) 492-2389

Thank you for considering participating in this study.

Sincerely,

Tatiana LoVerso
Masters Student, University of Alberta
Department of Educational Psychology

Appendix C

Consent Form

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form

Project Title: Experiences of overcoming self-blame among adult survivors of childhood sexual abuse.

Principle Researcher: Tatiana LoVerso

Research Supervisor: Dr. Robin Overall

This study is for completion of the principle researcher's master's of Counselling Psychology.

Thank you for your interest in participating in this study. The purpose of this research is to explore the experience(s) of overcoming self-blame among female adult survivors of childhood sexual abuse. This information could benefit other survivors, as well as counsellors and other helping professionals providing support services to survivors of childhood sexual abuse.

A description of your participation in this study and the precautions that will be taken to protect your privacy are described below.

My participation in this study will involve the following:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.
2. I will participate in one or two interviews that will be audio-taped and transcribed. The interviews will be held at the University of Alberta, Education Clinic and will be approximately one and a half hours in duration. The style of the interview will be conversational and the topic will be on my experiences of overcoming self-blame regarding my childhood sexual abuse.
3. After each interview, transcripts of the interview will be given to me for review in order to verify the accuracy of the transcript. Any portions of the transcript that I do not want included will be removed. In addition, preliminary findings will also be shared with me for my review and I will be invited to provide feedback on these findings.
4. I am aware that this research will provide new knowledge about the experiences that facilitate overcoming self-blame in adult survivors of childhood sexual abuse. While it is not anticipated that I will experience distress, some people find discussing topics related to their sexual abuse difficult. If I become distressed, I will be provided with referrals to low or no cost counseling agencies in my community.
5. I will be given a copy of the final research report.

My privacy will be maintained in this study by the following procedures:

6. All of my information that is collected (for example transcripts and audiotapes of my interviews) will be labeled so that my name is not associated with them. In addition, all of the tapes, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.
7. Any research personnel, such as a transcriber, that may be involved in the study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants.
<http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm>
8. The findings from this study will be compiled into a thesis, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Having read and understood all of the above, I _____ agree to participate freely and voluntarily in this study.

Signature of Participant

Date

Signature of Researcher as Witness

Date

Two copies of this consent form will be provided. One is to be kept by you for your records, and the other is to be returned to the researcher.

If you have any questions or concerns about this research, please contact:

Principle Researcher:

Tatiana LoVerso
University of Alberta
Department of Educational Psychology
(780) 433-9171

Supervising Researcher:

Dr. Robin Overall
University of Alberta
Department of Educational Psychology
(780) 492-2389

Thank you for your participation in this study. Please feel free at any time to bring up any questions and/or concerns regarding your participation in this study.

Appendix D

Demographics Form

Participant Information Form

Participant Pseudonym: _____

Today's Date: _____ Date of Birth: _____

Relationship Status (please circle one)

- a. Single
- b. Married/Common-Law
- c. Separated/Divorced
- d. Widowed
- e. Other _____

Number of Children _____

Present Living Situation (please circle one)

- a. On my own
- b. With a partner and/or children
- c. With my parent(s)
- d. With a roommate
- e. Other _____

Highest Level of Education (please circle one)

- a. Partial high school
- b. High school
- c. Partial college or university
- d. Undergraduate degree
- e. Partial graduate school
- f. Graduate degree
- g. Other _____

Employment Status (please circle one):

- a. Not employed
- b. Part-time employment
- c. Full-time employment
- d. Full-time student
- e. Other _____

Occupation _____

Ethnic/Cultural Background _____

Religion _____

Appendix E

Interview Guide

Interview Guide

Note: These guiding interview questions are intended to be open ended and will be mainly used to elicit participant accounts of experiences of overcoming self-blame. Follow-up questions will be asked to obtain more detail and allow for personal experiences to be shared fully. The following questions may not necessarily be asked in this order during the interview process.

Guiding questions for in-depth interview:

- Please describe the circumstances and context surrounding your childhood sexual abuse experience(s)
 - When did it happen? What age(s) were you?
 - Who perpetrated the abuse?
- What was the experience like for you at the time?
 - What were your thoughts, feelings, behaviours at the time?
 - What were the behaviours of others who knew (were told) about the abuse?
- Please describe the emotions surrounding your childhood sexual abuse.
 - How have you experienced them over time?
 - What were some of your thoughts, feelings, or behaviours related to these emotions?
- Have you experienced self-blame for your abuse?
- Has it changed over time?
- Please describe the self-blame you experienced regarding your childhood sexual abuse.
 - How have you experienced the self-blame over time?
 - What were some of your thoughts, feelings, or behaviours related to your self-blame?
- Looking back now, how would you say your self-blame for your sexual abuse affected you?
- Please describe in detail your experience(s) that led you to overcome some aspect of that self-blame.
 - What helped to lessen or heal the self-blame?
- What do you think it was about this experience that led you to overcome some of your self-blame?
- What experiences worsened your self-blame?
- What told you that you had overcome or healed some of your self-blame?
- Please describe your sense of self-blame now, if you experience any.

Appendix F
Referral Handout

Referrals

If you are experiencing distress, or need someone to talk to, please consider seeking support at one of the following support agencies. All of these agencies provide no-cost or low-cost counselling.

24-hour crisis line numbers

Sexual Assault Centre of Edmonton – 423-4121
The Support Network's Distress Line – 482-4357

Catholic Social Services

Address: several locations in Edmonton
Phone: 432-1137

Cornerstone Counselling Centre

Address: #302, 10140 117 Street
Phone: 482-6215

Jewish Family Services

Address: #502, 10339 124 Street
Phone: 454-1194

Sexual Assault Centre of Edmonton

Address: #205, 14964 121A Avenue
Phone: 423-4102
Hours: Monday – Thursday 9 a.m. – 5 p.m.
Friday 9 a.m. – 4 p.m.
24-hour Crisis-line: 423-4121

Student Counselling Services (For U of A students only)

Address: 2-600 Students' Union Building
Phone: 492-5205
Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.

University of Alberta Education Clinic

Address: 1-135 Education North Building
Phone: 492-3746

University of Alberta Sexual Assault Centre (For U of A students only)

Address: 2-705 Students Union Building
Phone: 492-9771
Hours: Monday – Friday 9 a.m. – 9 p.m.
Saturday & Sunday 1 p.m. – 4 p.m.